DEVON'S HEALTH

IN

1959

The Annual Report of the
County Medical Officer and
Principal School Medical Officer

CONTENTS

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Medical Department
Ivybank,
45, St. David's Hill
Exeter

21*st July*, 1960

To the Chairman, Aldermen and
Members of the Devon County Council.

Mr. Chairman, My Lords,
Ladies and Gentlemen,

I have the honour to present my Annual Report for the year 1959.

The Report for 1958 was a Jubilee Report and gave an opportunity to look back on the achievements and developments of the Public Health Service in Devon over the past fifty years. The year 1959 was also notable for developments in the public health field with the presentation of the Mental Health Bill, which becomes law in 1960. This Bill, which outlines a new approach to the problem of mental disorder, will have far-reaching effects on the lives of thousands in future years and will place great responsibilities on Local Health Authorities. Much time during the year was spent in preparing plans for the immediate requirements of the Bill, and much time in years to come will be occupied in fulfilling its recommendations.

A new Training Centre was opened in June at Mayfield in Paignton by Lord Stonham, who gave an inspiring address on the care of the mentally sub-normal. Two other Centres, at Plymstock and Barnstaple, with hostels attached, are in the planning stage and it is hoped that a Residential Centre will be opened next year at Oaklands Park, Dawlish.

The staff of Social Workers in Mental Health is to be increased from thirteen to eighteen, and our Health Visitors by six a year during the next three years to help cope with the new demands. Furthermore we were happy, towards the end of the year, to welcome Dr. M. Pinkerton as an additional Senior Medical Officer. It is also heartening to record the excellent spirit of co-operation that exists between the three branches of the medical service in furthering the cause of mental health in this county.

The attention of members is invited to the report of the Principal School Dental Officer, in which the section on fluoridation is of

especial interest. This is Mr. Fletcher's last report, before retirement, after twenty-five years of excellent work here.

Two environmental measures were also discussed at length by the Council during the year, the re-organization of water supplies and the prevention of pollution of beaches and estuaries. The publication at the end of the year of the Medical Research Council's Memorandum on Sewage Contamination of Bathing Beaches in England and Wales was an invaluable guide to the Council.

Finally, once more it is a pleasure to record the great help we receive from the various voluntary organizations in the county and from the teachers in the schools. We are indebted also to the Chairman and Members of the Health Committee for the support and understanding given to the department during the year.

I have the honour to be,

Your obedient Servant,

W. J. DOYLE,

County Medical Officer and
Principal School Medical Officer

PUBLIC HEALTH SERVICES

DISTRICT MEDICAL OFFICERS OF HEALTH

This year further progress was made in appointing Medical Officers to "Mixed Appointments" as District Medical Officers of Health, who also devote a proportion of their time to work for the County Council.

Dr. F. T. Hunt was appointed to the new post in the Totnes/Ashburton/Buckfastleigh area, and took up his duties on the 1st April

After further discussion with the District Councils concerned, agreement was reached over the "Mixed Appointment" for Barnstaple Borough and Rural District and South Molton Borough and Rural District, and Dr. E. Williams took up his duties in October.

In view of the retirement of the full-time Assistant County Medical Officer in the Bideford area, the opportunity was taken of opening negotiations with the seven authorities involved, but no agreement had been reached by the end of the year. Should such an appointment be agreed next year, as is hoped, the County will be almost covered by mixed or combined appointments held by Medical Officers of Health with the Diploma in Public Health, and not engaging in private practice. The only exceptions will be, Ilfracombe, Lynton and Crediton Urban and Rural Districts.

POPULATION, BIRTHS AND DEATHS

The population of the County showed a further slight increase during the year to an estimated figure of 521,000 at mid-year. Births also showed a slight increase as follows:-

Live Births: 7,115

Legitimate—total: 6,848 (males 3,557: females 3,291)
Illegitimate—total: 267 (males 136: females 131)
Rates: Crude 13.65 (corrected 15.42) compared with a birth rate of 16.5 for England and Wales.

Stillbirths: 130

Legitimate—total: 126 (males 59: females 67)
Illegitimate—total: 4 (males 4: females -)
Rate: 18.27 per 1,000 total (live and still) births.

Deaths

The main causes of death during the year are summarised in the following table, whilst a more detailed breakdown appears in Tables XV and XVI in the Appendix.

Deaths from cancer amongst men showed the biggest increase (from 632 to 719), nearly half of this increase being due to cancer of the lung. The number of accidental deaths also increased in adult males.

Causes of Death:	1959
Tuberculosis	69
Other infectious diseases	
Cancer and other malignant diseases	1,404
Vascular lesions of nervous system	1,176
Diseases of heart and circulatory system ..	2,870
Diseases of respiratory system (excluding tuberculosis)	648
Diseases of stomach and digestive system ..	79
Diseases of genito-urinary system	137
Maternal deaths	3
Accident, suicide, etc.	309
All other causes	741
TOTAL DEATHS ..	7,436

INFECTIOUS DISEASES AND THEIR CONTROL

Notification of Infectious Diseases

The following cases of infectious diseases were notified during the year:—

Measles	3,881	Dysentery	22
Whooping Cough	446	Food Poisoning	48
Tuberculosis	192	Typhoid and para-typhoid	3
Pneumonia	350	Puerperal pyrexia	9
Scarlet Fever	410	Ophthalmia neonatorum	5
Poliomyelitis	10	Diphtheria	—

Measles. The majority of the cases early in the year were reported from North and East Devon, the infection spreading to the Torbay area and South-West Devon by mid-year.

Whooping Cough. There was a further fall in the number of cases of whooping cough notified, possibly due to the gathering momentum of whooping cough vaccination.

Tuberculosis. Notifications again showed a further fall. A separate section is devoted to the treatment and control of this infectious disease.

Poliomyelitis. Only ten cases were reported this year—five paralytic and five non-paralytic. This extremely low incidence during such a

fine summer, traditionally regarded as favouring the spread of this infection, is most encouraging, and I think one can begin to conclude that poliomyelitis vaccination is in fact giving the hoped-for control. In view of the erratic behaviour of poliomyelitis in the past however it is still too early to be dogmatic on this point.

Dysentery and Food poisoning. Figures of notified cases were again down this year. The only outbreak of note was one at a North Devon hotal where nineteen cases of food poisoning were reported.

Typhoid and Para-typhoid. The three cases were of para-typhoid, two occurring in East and one in North Devon.

Vaccination and Immunisation

Smallpox Vaccination. The number of primary vaccinations against Smallpox showed a further slight fall during this year although the number of children vaccinated in their first year of life showed a slight increase, being about 30% as compared with 25% last year. It is hoped that with the completion of the major part of the anti-poliomyelitis vaccinations there will be a further increase in the number of children vaccinated against Smallpox. The number of people at present protected is relatively low, and with modern speed of travel it is always possible that the disease might be introduced into this country again.

	Primary Vaccinations			*Re-vaccinations*
	under 1 year	*over 1 year*	*Total*	
Undertaken by A.C.M.Os.	495	395	890	2
Undertaken by G.Ps.	1,683	2,031	3,714	1,595
Total	2,178	2,426	4,604	1,597

Diphtheria, Tetanus and Whooping Cough Immunisation. During this year triple vaccine has been introduced for general use, and as a result it is possible to protect children against Diphtheria, Tetanus and Whooping Cough by means of one course of injections: the results have been encouraging. It is obviously the accepted thing that a child should be immunised in infancy and with the introduction of triple vaccine there has been an increase in the level of protection against Whooping Cough and Tetanus, as well as an increase in the number of children protected against Diphtheria. It is to be noted, however, that there has been some decrease in the number of children receiving booster doses against Diphtheria on school entry, and it is

hoped that it may be possible to increase the numbers now that it is no longer necessary for these children to be vaccinated against Poliomyelitis which, of course, took priority over other injections.

Diphtheria including combined vaccine.

	Primary Courses			
	Infants and Pre-School Children	*School Children*	*Total*	*"Booster" Injections*
Undertaken by A.C.M.Os.	1,303	395	1,698	2,877
Undertaken by G.Ps.	5,178	251	5,438	962
Total	6,490	646	7,136	3,839

Whooping Cough including combined vaccine.

	Infants and Pre-School Children	*School Children*	*Total*	*"Booster" Injections*
Undertaken by A.C.M.Os.	1,025	35	1,060	7
Undertaken by G.Ps.	3,180	143	3,323	276
Total	4,205	178	4,383	283

Tetanus. This year for the first time it is possible to include the figures for immunisation against Tetanus. These include children who have been immunised as a result of the use of triple vaccine, but there is a small but growing number who are receiving active immunisation against Tetanus who had already received the Diphtheria and Whooping Cough immunisation when they were younger. It is hoped to encourage this trend as Tetanus in a rural county is a very real danger, and despite the use of passive immunisation by anti-Tetanus serum there was a death of a school child from Tetanus during the year. As a result, the school members and staff received a course of Tetanus Toxoid.

TETANUS (Including Combined)

April—December, 1959	*Infants and Pre-School Children*	*School Children*	*Total*
A.C.M.O's. (Primary).	876	104	980
G.P's. (Primary)	2,959	583	3,542
Total	3,835	687	4,522

Poliomyelitis. During the year there was an intensive campaign to complete the third injections for all children between birth and 15 years of age and a further campaign following the death from Poliomyelitis of a well-known footballer to vaccinate young people between the ages of 15 and 25. The response was very encouraging and approximately 80% of all children between birth and 15 years completed the course of three injections. In all, over 80,000 persons were vaccinated against Poliomyelitis during the year, which represents a tremendous task on the part of the General Practitioners and Assistant County Medical Officers who were responsible for this. It should be realised that each of these persons had a course of three injections, making a grand total of about a quarter of a million injections given during the year.

1—15 years		63,079
Undertaken by General Practitioners	18,891	
Undertaken by Assistant County Medical Officers	44,188	
16—25 years		13,638
Undertaken by General Practitioners	8,213	
Undertaken by Assistant County Medical Officers	5,425	
Expectant mothers		2,920
General Practitioners		216
Hospital Staff		741
		80,594

B.C.G. During the school year 1958/59 the B.C.G. campaign to vaccinate children in the 13+ age group was continued. It was possible to use freeze-dried vaccine experimentally during this year, and although some of the Medical Officers found it rather sticky to handle it is in general preferred to the liquid vaccine, as it does not have to be used within a very few days of being supplied. Some Medical Officers have reported an increased interest in the campaign and it has been possible to include many of the independent schools in the vaccination programme. The intensive campaign for poliomyelitis vaccination has interfered to some extent with the B.C.G. programme as it was regarded as more important to complete the former. It is hoped that now the pressure of this work has eased it will be possible to arrange for older age groups of students to be tested and given the vaccine where necessary.

	Under 14 Years	*14 Years and over*	*Students Attending Further Education Establishments*
No. of children for whom parental consent received.	4,403	587	18
No. tuberculin tested (Heaf test 2 mm. puncture).	4,288	576	18
No. positive	654 15%	140 24%	6 33%
No. negative	3,585 85%	432 76%	12 67%
No. given freeze-dried B.C.G. vaccine	3,571	430	12

TUBERCULOSIS

At the Annual Chest Physicians' Conference in the autumn we were once again pleased to welcome Dr. Eley from the Ministry of Health. We had however suffered a grievous loss earlier in the year through the unexpected death of Dr. Hollis, Director of the Mass Radiography Unit 10E. Dr. Hollis had unbounded energy and enthusiasm for his work and we shall sadly miss his cheerful co-operation. We are grateful to Dr. Sheers for the help he gave us pending the appointment of Dr. Ann Templeton.

Chest Clinics:

The work of the four Chest Clinics in Torquay, Barnstaple, Exeter and Plymouth is summarised in the table below:—

	Torquay	*B'stple*	*Exeter*	*Plymouth*	*Total*
Patients on Register 1.1.59	1,272	860	1,166	519	3,817
New Notifications	56	47	62	27	192
Deaths	27	21	31	5	84
Patients on Register 31.12.59	1,239	843	1,232	421	3,735
First examination of suspects	1,065	692	1,331	290	3,378
Cases of T.B. found	70	35	62	25	192
Contacts examined	302	342	364	479	1,487
Cases of T.B. found	5	12	5	2	24
Contacts vaccinated with B.C.G.	67	73	142	153	435

Dr. Mellor writes of his work in South-West Devon:—

" The number of persons on the register decreased by 98 during 1959 due to ' vigorous pruning of old wood.'

Of the 421 on the register there were only 3 routinely positive cases remaining at home at the end of the year. In addition 9 old patients had during the year given the odd positive culture, after being negative for many years and being in apparently good health and clinically and radiologically stable. All 9 cases were put on drugs at home. 5 converted, 2 had no further sputum for examination, and the other 2 cases were admitted to hospital before the end

of the year for further treatment. It is possible, of course, that this latter group of old cases who do every two or three years throw the single positive culture usually associated with an acute febrile illness and showing no other evidence of breakdown are a greater menace to the population than the 3 cases mentioned above. Fortunately the numbers are few and sputum conversion usually follows on adequate treatment.

New notifications of pulmonary tuberculosis during the year amounted to 27. As far as I am aware this is the first time there has been a nil return for non-respiratory tuberculosis in this part of Devon. The mode of reference of the 27 pulmonary cases was as follows:—

G.P. referred	—	14
M.M.R.	—	4
Contacts	—	2
G.P. session	—	4
Hospitals	—	1
5-year Heaf test	—	2

In the case of the two contacts notified one was an open case—the father of a previously notified primary lesion in a girl—and the other was an adult—the contact of a previously open case. Apart from these two no source of infection was found, which is really rather disturbing.

General Practitioner Session

The General Practitioner sessions at Beaumont House on Wednesday evenings continue to be well supported, 434 persons attending for X-ray examination. Of these 72 were recalled for clinical examination with the following results:—

N.A.D.	—	35
Obs.—inactive T.B.	—	7
Active T.B.	—	4
Carcinoma bronchus	—	4
Other abnormalities	—	22

Contact Work

The attendance at the contact clinics is still good and a total of 1160 contacts were examined during the year.

The first examinations included new contacts of new cases, new contacts of old cases, contacts of school positive children, etc. and it is regretted that owing to the re-organization of the health visitor service during the year no accurate figure can be given of new contacts examined in relation to new cases notified. An estimated figure would be five contacts checked per newly notified case.

Two significant cases of tuberculosis were found as a result of the above examinations.

B.C.G. Vaccination.

A total of 153 susceptible contacts was vaccinated during the year, 204 Heaf tests being carried out in this connection.

B.C.G. Vaccination—5-year follow-up.

An attempt was made during the year to re-Heaf persons who received B.C.G. vaccination five or more years ago. Of the 251 available from the years 1952, 1953 and 1954, only 88 were re-tested, 82 still being positive and 6 having reverted. The majority of those retested were still in the school age group."

Chest Hospitals:

Dr. Midgley, Consultant Chest Physician, reports:—

" The work carried out in the hospitals managed by the Exeter Special Hospital Management Committee has reflected the changing nature of respiratory disease in the community. Of the 1,263 patients admitted 343 were suffering from tuberculosis, a diminution of 10.6% on last year. Of those suffering from other conditions 482 were admitted to the surgical unit and 438 to the medical ward for non-tuberculous patients. This last figure is 174 or 59.6% more than in 1958 and is an index of the rate of growth of this newest of our departments.

Though tuberculosis accounts for only 27.1% of our total admissions it is still the most important single disease with which we have to deal. The proportion of elderly patients with chronic disease continues to increase, 17.3% of those admitted were 65 years or older. Some of these patients also have other conditions usually associated with old age and they make very heavy nursing.

Of diseases other than tuberculosis the four most common were bronchitis, cancer, bronchiectasis and emphysema in that order. It will be noticed that the number of patients passing through our hospitals has again increased. This means more work in all departments as shown in the tables, and that we have been able to do so much work with a staff well below establishment reflects great credit on all who have taken part in it.

Our bacteriology continues to be done in the Public Health Laboratory in Exeter and our pathology in the Royal Devon and Exeter Hospital. We are grateful for the help of the directors of both these departments.

Posthumous Notifications. There were only three persons in this group. All were females aged more than 60 years. In two res-

piratory cases the tuberculosis was considered to be inactive and was only a contributory cause of death. The third patient died from Addisons disease following on renal tuberculosis."

Mass Radiography

I am grateful to Mr. Chapman, Assistant Organising Secretary, for providing figures relating to the work carried out by the Mass Radiography Units in Devon during 1959. Units paid a total of 66 visits to various sites in the County, 35 of these being with the new 100 mm. Unit, during the course of which a total of 23,831 miniature films were taken. In addition an intensive campaign was held in Exeter during the summer, in which several Units from outside the County took part, and during the course of this five-week Campaign 10,003 Devon residents were examined. The number of active cases of tuberculosis picked up total 30, 5 of these being from the Exeter Campaign. A detailed breakdown of the tuberculosis cases and other conditions picked up as a result of the examinations appears in the appendix.

Tuberculin Testing Scheme

The scheme for annual tuberculin testing of school children in the County started in September, 1954, with children starting school (at the age of five) in that academic year. The scheme has been extended to include a further age group year by year, and by September, 1959, included all children attending the County Primary Schools.

The results of the first five years were carefully considered at the Chest Physicians' Conference in the Autumn, and we asked ourselves the questions " Has the scheme proved of value in the prevention of tuberculosis by the early detection of otherwise unsuspected cases of tuberculosis in the community (its primary objective) or in school children?" and " Does the yield justify the time and effort spent by Health Visitors, Mass Radiography Units, Chest Physicians and others?" We were also very conscious of the fact that the recommendations of the Adrian Committee, calling as they did for the use of large films for children of school age and the X-Raying of pre-school children only in hospital or Chest Clinic, would considerably increase the administrative difficulties of the scheme owing to the scattered nature of the County. Consideration of the figures in the table show a slight but perhaps not very significant fall in the percentage of children positive on first test. The number of children converting subsequently was too small to work out accurate rates, but something under 1% appear to convert annually. Of the children found to be positive on first tests or who convert, some 75% are known to have been X-Rayed. The position concerning

the contacts of these children (whom the scheme is really designed to reach) is not quite so good. In the early years of the scheme only 2.6 contacts per child were listed, and of these only just over 50% are known to have been X-Rayed. The listing has steadily improved, but whilst in 1957/58 more contacts per child were listed, only 42% were X-Rayed. Figures for last year are not yet complete. In considering these figures one must remember the following points:—

1. In the first two years of the scheme the jelly test was used instead of the Heaf test, and besides the wasted work because of falsely positive reactions it is probable that some children were missed.

2. It is doubtful whether our records of cases discovered are complete, since we know of many cases where, following a positive reaction in a school child, parents took their children to a public session of the Mass Radiography Unit, or, through their own doctors to Chest Clinics without there being any indication that the examinations arose from the school testing scheme. Any cases of tuberculosis found would thus not be credited.

Even bearing these points in mind, the number of cases picked up in the first five years (12 in adults and 11 in children) does not appear at first sight to be a very large return for the work involved. On the other hand, as the table below shows, we have found one adult and over one child suffering from tuberculosis for every 100 positive " pointer " school children. In terms of numbers X-Rayed the following figures (kindly provided by Dr. Sheers of the Mass Radiography Service) show a yield of active cases second only to those referred directly from their General Practitioners.

G.P. referrals	20.4 per 1,000 X-rays
Heaf testing scheme	8.6 per 1,000 X-rays
Contact groups	3.3 per 1,000 X-rays
Public sessions	0.7 per 1,000 X-rays

It was therefore decided in principle to continue the scheme, although not for the time being to extend it into the Secondary Schools, since we should be picking these children up again at 13 years on testing prior to B.C.G. vaccination. In order to assist the Health Visitors with contact listing and persuading contacts to attend for X-Ray examination, the four Chest Physicians undertook to co-ordinate the field work in their respective areas, making arrangements for X-Rays either through the Mass Radiography Service if convenient, or otherwise using their own facilities. Finally,

in order to reduce the clerical work involved for Health Visitors, very much less detailed statistics will be kept in future.

Summary of cases picked up to 31.8.59 inclusive

	5-year entrants	*Conversions*	*Total*
No. entrants tested:	23,080	—	23,080
No. positive:	1,029(4.4%)	—	1,029
No. given second or subsequent tests:	—	23,729	23,729
No. of Conversions:	—	319	319
No. of cases picked up:			
(*a*) ADULT..	7	5	12
(*b*) CHILDREN	5	6	11
No. of cases per 1,000 children tested:			
(*a*) ADULT..	.3	.21	
(*b*) CHILDREN	.21	.25	
No. of cases per 100 positive children:			
(*a*) ADULT..	.7	1.6	
(*b*) CHILDREN	.5	1.9	

TUBERCULIN TESTING SCHEME

	1954/55	1955/56	1956/57	1957/58	1958/59	Total
No. of children tested on entry at 5 years	5,938	4,794	3,731	4,191	4,420	23,074
No. positive	404 (6.8%)	206 (4.3%)	168 (4.5%)	170 (4%)	231 (5.2%)	1,179
No. of positive children X-rayed	325 (80%)	181 (75%)	187 (78%)	172 (69%)	288 (8.6%)	1,153
No. of children re-tested at 6 years +	—	3,541	3,571	4,277	4,396	15,785
No. again positive on re-test	—	130	87	80	136	433
No. of " Convertors "	—	34 (1%)	27 (0.75%)	23 (0.5%)	18 (0.5%)	102
No. of children re-tested at 7 years +	—	—	3,517	4,271	4,516	12,304
No. again positive on re-test	—	—	105	103	193	401
No. of " Convertors "	—	—	42 (1.1%)	35 (0.8%)	26 (0.6%)	103
No. of children re-tested at 8 years +	—	—	—	4,164	4,144	8,308
No. again positive on re-test	—	—	—	130	210	340
No. of " Convertors "	—	—	—	20 (0.4%)	26 (0.6%)	46
No. of children re-tested at 9 years +	—	—	—	—	3,779	3,779
No. again positive on re-test	—	—	—	—	147	147
No. of " Convertors "	—	—	—	—	36 (1%)	36
No. of contacts listed of children positive on first test or of " Convertors "	1,087 (2.6 per child)	749 (3 per child)	852 (3.5 per child)	1,003 (4 per child)	1,546 (4.6 per child)	5,237
No. of contacts known to have been X-rayed	582 (53%)	449 (59%)	502 (58%)	425 (42%)	533 (34%)	2,491

FOOD AND MILK

Food and Drugs Act Administration

The County Public Health Inspector submits the following report for 1959:—

" The samples submitted to the Public Analyst represented a very wide range of foodstuffs and medicines—milk, ice cream, sausages, spirits, proprietary medicines and drugs—to mention only a few of the commodities given special attention.

The Sampling Officers take their samples with considerable care and selectivity. They are assisted and advised in their choice of samples following consultation with the Public Analyst, and by a close study of the reports issued by the Public Analysts of other Counties and public accounts of the legal action taken by other Food & Drugs Authorities.

During the year, 3,072 formal and informal samples were taken by the four full-time and one part-time Sampling Officers employed in the Department. 849 of them were submitted to the Public Analyst and the remaining 2,223 (all milks) were examined by the Gerber Test in the laboratory attached to the Department. Of the 849 samples, 127 were milk and 722 were commodities other than milk.

The Public Analyst reported that 44 samples were either adulterated or gave rise to some other irregularity. 28 of the 44 samples were of milk and 16 contained added water. As a result, 7 vendors were prosecuted and a warning letter was sent to one other case. The remaining 12 samples of milk were ones in which the non-fatty solids and/or butter fat was below the normal accepted figure, but investigation in each case showed that the milk was being sold in the same condition as it came from the cow, and that no offence under the Food & Drugs Act was being committed. The remaining 16 samples reported on by the Public Analyst were commodities other than milk. These included lemonade, bread (2 samples) and a pasty, and a prosecution was successfully instituted in each case. The remaining 12 samples were ice cream (3 samples), lemon curd, quinine, bread (2 samples), pineapple tart, almond paste, sausages (2 samples) and cider vinegar fudge. A warning letter was sent in three cases, a verbal warning was given in four instances and no action was taken in the remaining five cases."

Milk Supplies

Milk is, of course, an excellent food, but unless it comes from cows free from disease and is handled hygienically there is the ever present risk of it also acting as a vehicle of infection. The most important infectious disease which can be conveyed to humans by milk is tuberculosis, the infection usually first centreing on glands in

the neck or in the abdomen, and in the past this was responsible for considerable mortality, especially amongst children. During the year the Ministry of Agriculture included West Devon in the Attestation Scheme, and cattle throughout the County are now tested regularly.

Not all milk from attested herds can be sold as tuberculin tested milk—a fact which proves puzzling to some. The reason is that before the Ministry will grant a T.T. licence they demand not only that the milk shall have come from an attested herd, but that certain basic standards of cowshed construction and general cleanliness are observed.

Even if milk comes from attested herds and is produced under a T.T. licence, it is still desirable to pasteurise it in addition, partly because this is the only way of killing the germs of certain diseases other than tuberculosis and partly because it can happen that a cow becomes infected with tuberculosis between the six-monthly tests. Should this happen it is possible for infected milk to be produced and sold before the diseased cow is picked up on the next test.

The Milk (Special Designation) (Specified Areas) Order, 1955

When the Ministry of Agriculture, Fisheries and Food include a district in a Specified Area, only specially designated milk—i.e., Sterilised, Pasteurised or Tuberculin Tested milk—may then be sold in that district.

There has been a considerable extension of Specified Areas in the County since the first area was scheduled in December, 1953. On 25th April, 1960, the eastern corner of the County, comprising the Honiton Borough and Rural, Axminster Rural and Seaton Urban districts will be included in a Specified Area, and when this has been effected the entire coastal area from Plymouth to Uplyme will have been scheduled, as also the North Devon coast from Hartland to Countisbury. A further area, including Holsworthy Uaban and Rural and Broadwoodwidger Rural will become specified on or shortly after 1st October, 1960.

This will leave the following districts still outstanding:—

Crediton Urban and Rural, Okehampton Borough and Rural, South Molton Borough and Rural, Tavistock Urban and Rural, and the following six parishes of the Newton Abbot Rural district:—Moretonhampstead, North Bovey, Lustleigh, Manaton, Widecombe-in-the-Moor and Buckland-in-the-Moor.

Milk and Dairies Regulations, 1949

The Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949.

The County Council issued licences to the 11 Pasteurising operators in the County, and a very careful watch is kept both on the

Pasteurising Plants and the processed milk. This involves regular inspections and samples are submitted for laboratory examination at very frequent intervals. Additional checks on the quality of the processed milk are afforded by the routine sampling of milk supplied to the schools in the County. A very large proportion of school milk is derived from these plants.

Milk in Schools Scheme:

The tendering and three-year contract system of supplying the schools with milk commenced in 1955 has worked with great success as far as this Department is concerned. Of the 459 schools of all types, 436 take Pasteurised milk derived from 5 of the Pasteurising establishments. This has enabled effective supervision of the supply to be maintained, and a substantial reduction in the amount of work this has hitherto involved.

697 samples of Pasteurised milk were submitted for examination and all but 7 passed the Phosphatase Test. 69 samples of Tuberculin Tested milk were also examined by the Methylene Blue Test.

Biological Examination of Milk for the Presence of Tuberculosis:

During the year a total of 905 samples was submitted. 2 samples were positive, showing the presence of tuberculosis. The figures for the preceding years are as follows:—

Year:	*Samples:*	*Positives:*
1950	638	5
1951	726	2
1952	781	11
1953	475	3
1954	1,028	12
1955	1,941	5
1956	959	nil
1957	831	4
1958	1,107	2
1959	905	2

Once more our thanks are due to Dr. B. Moore and Dr. C. M. Jellard of the Public Health Laboratories at Exeter and Plymouth for carrying out many of the tests on water and milk, and for much helpful advice during the year.

WATER SUPPLIES

The three Water Boards—the North Devon, the South Devon and the East Devon Water Boards—have all been active during the year, and all have substantial schemes, either in course of construction or awaiting the consent of the Minister of Housing and Local Government. This progress is emphasised by the increasing

amount of precept which each Board makes on the County Council. Comparative figures are as follows:—

	1957/58 *Actual Cost*	1958/59 *Actual Cost*	1959/60 *Probable Cost*
North Devon Water Board:	£99,125	£158,767	£234,000
South Devon Water Board:	£34,675	£111,680	£176,750
East Devon Water Board:	£84,675	£86,049	£77,025
TOTAL	£218,475	£356,496	£487,775

The progress made by the three Water Boards since their inception has been most impressive; the North Devon Water Board now covers an area of 1,621 square miles—greater by far than any other Board in England and Wales. 594 miles of water main have been laid and the average quantity of water supplies is 4,870,000 gallons per day. The total capital expenditure incurred by the Board is £3,647,000.

The South Devon Water Board has a statutory area of supply amounting to 240 square miles; 270 miles of main have been laid and the total amount of water supplied during 1959 amounted to a little over 430,000,000 gallons. The total capital expenditure is in the region of £2,265,061, and a substantial proportion of this is due to the construction of The Avon Dam and the new filtration plant.

The East Devon Water Board now covers an area of 200 square miles; 120 miles of main have been laid and the output of water is approximately 550,000,000 gallons a year. The total capital expenditure in the first eight years of the Board's existence is £756,976.

Towards the end of the year the County Council decided to introduce a Water Bill, which had amongst its objects the inclusion of certain District Councils still running independent water supplies in one or other of the three Water Boards.

1959 was particularly noted as having an exceptionally fine and dry summer, and serious shortages of water might well have developed in several areas, but fortunately the emergency action taken by the Water Boards and the mutual help given from neighbouring authorities was able to cover the emergency.

During the year grants under the Rural Water Supplies Act were agreed to in principle on the two following schemes:—

Local Authority	*Parishes or Areas Affected*	*Estimated Cost*
Newton Abbot R.D.	Lustleigh	£1,000
South Molton Borough	Mains Extension	£11,266

SEWERAGE AND SEWAGE DISPOSAL

During the year, the following schemes were considered by the County Medical Department, and recommendations in each case were made to the Water and Sanitation Committee.

Local Authority:	*Parishes or Areas Affected:*	*Estimated Cost:* £
Axminster R.D.	Hawkchurch (Revised Scheme)	7,300
Axminster R.D.	Axminster Town	33,500
Barnstaple R.D.	Berrynarbor	2,967
Crediton R.D.	Cheriton Bishop and Cheriton Cross	26,500
Crediton R.D.	Morchard Bishop	31,500
Crediton R.D.	Sandford	22,300
Crediton R.D.	Shobrooke	10,800
Dawlish U.D.	Holcombe Area	28,000
Exmouth U.D.	Proposed Sea Outfall (Outline Scheme)	210,000
Honiton R.D.	Sidmouth Junction and Feniton	19,100
Kingsbridge R.D.	Kingston	13,234
Newton Abbot R.D.	Chudleigh	4,375
St. Thomas R.D.	Stoke Canon and Rewe	47,000
Salcombe U.D.		10,000
Sidmouth U.D.		90,000
Tiverton R.D.	Cullompton (first stage)	6,600
Tiverton R.D.	Culmstock	22,500
Tiverton R.D.	Uffculme (Extension)	2,900
Torrington R.D.	Merton	22,400
Torrington R.D.	Petrockstowe	19,700
Torrington R.D.	Yarnscombe	9,200
Totnes R.D.	Morleigh	7,395

Contamination of Bathing Beaches

Towards the end of the year a Committee of the Public Health Laboratory Service, which had been set up in 1953 with Dr. B. Moore of the Exeter Laboratory as its Chairman, published the results of their investigations, and the Medical Research Council published a memorandum summarising the findings. The Committee had been set up with the main objects of assessing the risks to health of bathing in sewage pulluted sea water and to consider the practicability of laying down bacteriological standards for bathing beaches or of grading them according to the degree of pollution to which they were exposed.

The Committee reported that contamination as measured by bacteriological counts varied tremendously along different parts of the beach and on different parts at various states of time and wind, so that isolated samples were of no value. It was also found that beaches with a high *maximum* count were not necessarily those with the higher *average* counts, and it was concluded that it was impossible to make any scientific comparison of any two beaches from the bacteriological point of view.

The findings concerning risks to health were re-assuring. No poliomyelitis virus was isolated from any specimen of contaminated sea water examined, and even when other disease producing germs such as the organisms of para-typhoid were isolated from the more heavily contaminated samples, these were in extremely small numbers —indeed it was calculated that one would have to drink one hundred gallons of sea water before swallowing an infective dose.

There has always been a general presumption that the discharge of crude sewage into the sea involves a risk to health, but a review of scientific journals was conspicuous by a lack of such evidence. Special enquiries, directed mainly at the enteric infections (typhoid and paratyphoid) and poliomyelitis, likewise failed to provide any evidence of undue risk. Enquiries were first made into every case of enteric fever in England and Wales notified during the past five years. In only six cases was there any reason to connect the infection with bathing—two individuals who had swallowed considerable amounts of sea water subsequently contracted typhoid, whilst there were four cases of para-typhoid in children who had bathed on two of the most heavily polluted beaches (in both cases there was obvious evidence of gross pollution, and average counts were above 10,000 coliforms per 100 ml.).

A second enquiry was also conducted of all cases of poliomyelitis notified in children resident in the seaside areas. Histories of bathing habits were obtained from these children, and also from an equal number of "control" children who had not contracted poliomyelitis. Of 150 polio patients 45 had bathed during the three weeks before the onset of symptoms, whilst 105 had not bathed, whilst amongst the "control" children who did not contract poliomyelitis 44 had bathed, whilst 106 had not. There was thus no evidence whatsoever to suggest that the infection had been contracted whilst bathing.

The results of this enquiry showed that health risks were in any case minimal, but only present on beaches which were grossly polluted to the naked eye and obviously unsatisfactory from an aesthetic point of view. The Finance Committee, which had earlier decided in principle to offer grants to Urban Authorities in the County undertaking schemes to cleanse beaches and estuaries, had done so primarily on the grounds of aesthetics, so important in a civilised community. They had therefore no reason to amend their policy, which has subsequently been accepted by the County Council. Financial details have yet to be worked out, although it is probable that grants will only be payable in respect of schemes, or those parts of a scheme, which will, in the view of the County Council's technical advisors, help prevent existing or future pollution.

Swimming Baths

There are eight municipally operated swimming baths in the County, situated at Barnstaple, Buckfastleigh, Exmouth, Ilfracombe, Newton Abbot, Tavistock, Tiverton and Torquay.

Regular samples of the swimming pool water are submitted for examination and the results have been satisfactory.

HEALTH EDUCATION

The work of a Health Department is aimed primarily at prevention of illness and the promotion of health in its physical, emotional and social aspects. As the Chief Medical Officer to the Ministry of Health remarked in his last Annual Report:—

> " It is being increasingly recognized that the health of the nation does not wholly depend on the provision by the State of health and of welfare services, in which the individual is content to play a purely passive part, receiving advice and treatment as occasion arises.
>
> However the Public Health Service may develop in the years ahead, this much is certain: one of the most valuable contributions which it can make in its task for the promotion of health and the protection of the community against disease is the development and expansion of health education on a firmer and sounder basis than hitherto."

Why is health education needed? Now that the major infectious diseases and malnutrition are all but conquered, the main causes of death and ill-health which are open to preventive measures include, on the physical side, accidents in the home, on the road and on the farm (together responsible for over a quarter of all deaths in those aged 1-19 and a large proportion of deaths in the elderly), lung cancer (twenty times more common in heavy smokers, and with deaths from this cause increasing rapidly every year), dental caries and, on the mental side, the vast array of mental disorders which are responsible for filling nearly half the hospital beds in the country, as well as causing untold unhappiness.

The Central Council for Health Education is in a position to give invaluable help and advice to Local Authorities, and it is hoped that the County Council will become a subscriber next year.

Health Visitors, Medical Officers and others are of course already undertaking an immense amount of valuable teaching in the course of their work in Child Welfare Centres, in Schools and so on, a few illustrations of this being as follows:—

Expectant Mothers. Ante-natal classes are generally run in conjunction with the local midwife. The midwife may sometimes

examine her patients at the same session; at most relaxation " exercises " are taught, but at all classes the emphasis is on teaching. The course includes care of the mother's health during pregnancy-the physiology of parturition (together with the gas and air demon, stration by the midwife), preparation of the layette, care of the baby (including feeding) and its emotional needs.

Young Parents. In Welfare Centres the emphasis is steadily swinging from routine weighing and advice to teaching. Wherever this is possible Health Visitors are doubling up, one undertaking more traditional duties whilst the second takes aside small groups of mothers for an informal discussion on such topics as feeding, feet and shoes, home accidents, habit training and so on.

Mothers' Clubs have been developed in several of the towns. Activities alternate between the purely social (which in itself has a positive value in the promotion of mental health since many young mothers find themselves without social contacts) and the serious, including talks on matters of the moment (e.g. poliomyelitis when this became available for older age groups, home safety during the " Guard That Fire " Campaign, and no doubt on mental health during the Mental Health Week which is planned for next year). Discussions started by the Central Council for Health Education's sound film strips, or other means, have taken place and various demonstrations have been arranged such as " Housework with Ease " in association with the Central Council for Physical Recreation, and diet and cookery with the assistance of domestic science organizers from the Education Department.

In two areas a fathers' evening has been started for the husbands of those attending the ante-natal class. Here the Health Visitor explains what goes on at the ante-natal classes, deals with the emotional needs of the expectant mother, her need for help, parturition and what to expect of the new-born baby.

School Children. Health Visitors and Medical Officers carry out health teaching in the schools, which of course varies with the sympathy of the Head and the interest of the particular members of the staff. In some Secondary Modern Schools the Heads have asked us to give pre-nursing courses which take one or two periods a week throughout the last year: although superficially the lessons are related to nursing the Health Visitors use the opportunity of stressing prevention in the physical field, psychological changes in adolescence and parentcraft. In other schools Health Visitors participate in the "hygiene" course or give talks on specific topics on request, and the Principal School Dental Officer gives many talks on the care of the teeth. In one or two schools the Medical Officer is experimenting with small discussion groups where various problems are brought forward (anonymously if necessary) by the children

and a solution reached by the group with minimum guidance from the Medical Officer.

Other Bodies. A large number of talks have been given by various members of the staff to the many groups such as Parent/Teacher Associations, Women's Institutes, Townswomen's Guilds, Toc H, etc. and a group of our senior staff also participate in the lectures on " Social Aspects of Disease " given to student nurses at the Torbay Hospital and North Devon Infirmary.

The value of this work would be even more enhanced if this teaching could be carefully planned and dovetailed into programmes being planned at national level or a county-wide basis, and also if the staff had more readily available skilled advice on the use of visual aids. Such advice could be given by a Health Education Officer, who should nowadays be a member of every Health Department. As Professor Mackintosh of the World Health Organization said recently:—

> " Education is not a job for the amateur; the teacher must be taught by the expert or the message will never be absorbed and distilled through the mind of mother and child."

PERSONAL HEALTH SERVICES

Maternity

The vital statistics for 1959, set out in the form requested by the Ministry of Health, are as follows:—

Live Births: Number	7,115
Rate per thousand population (crude rate)	13.65
Illegitimate Live Births per cent of total live births	3.75%
Stillbirths: Number	130
Rate per 1,000 total live and stillbirths	17.94
Total live and stillbirths	7,245
Infant Deaths (deaths under 1 year)	130
Infant Mortality Rates:	
Total infant deaths per 1,000 total live births	18.27
Legitimate infant deaths per 1,000 legitimate live births	18.40
Illegitimate infant deaths per 1,000 illegitimate live births	14.98
Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 total live births)	13.77
Early neo-natal Mortality Rate (deaths under 1 week per 1,000 total live births)	12.79
Perinatal Mortality Rate (stillbirths and deaths under 1 week combined per 1,000 total live and stillbirths)	30.50
Maternal Mortality (including abortion):	
Number of deaths	3
Rate per 1,000 total live and stillbirths	.414

Midwifery

Domiciliary deliveries attended	2,752
Nursing care of mothers discharged from Hospital before 14th day	1,790
Attendances at G.P. Ante-Natal Clinics.	2,058
Attendances at County Council Clinics	1,557
No. of cases in which Gas and Air was administered	2,339
No. of cases in which Trilene was administered	45
No. of cases in which Pethidine was administered	1,554
Total number of Midwifery and Ante-Natal visits to home deliveries	95,164
Total number of Ante-Natal visits to Hospital booked patients	12,865

From the above figures it will be seen that there is an increasing demand on the midwives' time, as not only has she to be on call for

the needs of her domiciliary patients, but also for the needs of the women booked to go into hospital, who often not only require Ante-Natal care from her, but also need her when they go into labour, to accompany them in the ambulance. So far we have in our group system of working been able adequately to cover all areas during the day time, but we have not instituted as yet a "night rota system" whereby midwives can be "off call" for periods longer than their statutory off duty. It is, however, a matter which is exercising thought, and which I hope may be possible to implement in time.

This year the long awaited Cranbrooke Report was published. It would appear that no significant changes are likely, as the suggestion of hospital deliveries increasing to 70% would not greatly affect this county as our level is already 62%. The report does, however, stress the value of co-operation and co-ordination in the tri-partite set-up, something which has been stressed constantly and which is quite good in this county.

Ante-Natal Clinics

It is pleasing to note that the number of Local Authority Midwife/Health Visitor Clinics has increased by three this year, making a total of 28, and at these clinics 2,016 women made a total of 8,863 attendances. It is extremely encouraging to note that so many women are voluntarily seeking health education, and at one of these clinics, two mothers have themselves made a tape recording of the benefit they found in the relaxation classes and health education.

Family Planning

Grants have continued to be made to the Women's Welfare Association and to the local branches of the Family Planning Association. Married women seeking advice on family spacing may attend any one of six clinics and in some centres sterility is also investigated and, whenever possible, couples are given the advice and treatment necessary to enable children to be conceived.

The number of cases seen each year shows only minor changes, but this year there has been a slight decrease in numbers. Under the D.C.C. arrangements 69 new cases and 739 continuation cases have been seen, as against 84 and 819 in 1958.

Care of Unmarried Mothers and Their Children

There has been practically no change in the total number of illegitimate births in the County. A considerable proportion of the mothers of these children are referred to the Diocesan Council for Moral Welfare for particular help in the special problems that

confront such mothers. The County Council makes a grant for this work and also contributes to the cost of maintenance of those girls admitted to Mother and Baby Homes.

During the year 15 cases were admitted to the five beds reserved at St. Nicholas House for Devon cases, and 15 other young women were admitted to other Homes.

INFANT WELFARE SERVICES

Births

In the County 7,074 live births were notified (adjusted for transfers in and out).

Domiciliary	2742
Institutional	4332
Total	7074

Premature Births

During the year 401 premature live births (i.e. babies weighing $5\frac{1}{2}$ lbs. or less at birth, irrespective of period of gestation), were notified.

Table III (see page 78) gives the birth weight, place of birth and the number of premature babies surviving in each group at the end of 28 days.

Stillbirths

In the Administrative County 131 stillbirths were notified during the year (adjusted for inward and outward transfers).

		Premature stillbirths
Domiciliary	19	11
Institutional	112	52
Total	131	63

Mortality Rates

	England and Wales	*Devon* 1959
Still births (per 1,000 live and stillbirths)	20.7	17.9
Perinatal (per 1,000 live and stillbirths)	35.1 (1958)	30.5
Neonatal (per 1,000 live births)	16.2 (1958)	13.8
Infant Mortality (per 1,000 live births)	22.0	18.3

Perinatal Loss

The perinatal loss of child life was somewhat lower for this year, there being 130 infants stillborn while another 91 did not survive the first week of life, thus giving a rate of 30.50. The diminished loss is considerable and is apparent both in regard to stillbirths and deaths in the first few days and this welcome trend shows the result of constant efforts in ante-natal care and health education of the expectant mother both in the hospital and the domiciliary fields.

Handicapped Children (under 2 years)

On 31st December, 75 children under 2 years of age were on the Handicapped Register. Of these:

15 were suffering from mental defects (etc.).
12 were Mongols.
6 had physical congenital defects and abnormalities.
19 were suffering from congenital heart defects.
6 were spastics.
3 were partially sighted.
1 had speech defects.
1 hearing defects.
1 epileptic
11 had other defects.

Child Welfare Centres

The position regarding Child Welfare Centres remained static during the year. No new Centres were opened and none were closed.

Approximately 51% of all children in the County attend a Welfare Centre during the first year of life and approximately 35% of all children under 5 years of age attend. The attendances by infants under 1 year of age and 1 to 2 years show a slight increase on the previous year, but the number of children attending between 2 and 5 years fell slightly, which has been a noticeable trend during the last few years. It has been previously stressed that in view of the drop in attendances of the older age group children a need exists to institute special toddlers' clinics, but until the establishment of Health Visitors is greatly increased there is little likelihood of these toddlers' clinics maturing.

Attendances recorded during the year at the 76 centres were as follows:

	Totals
Infants attending (born in 1959)	3,607
Attendances by infants under 1 year	55,445
Children 1—2 years attending (born 1958) ..	3,523
Attendances by children aged 1—2 years ..	15,494
Children 2—5 years attending (1954-57)	4,743
Attendances by children aged 2—5 years ..	14,980

Many of the Child Welfare Centres have the assistance of voluntary helpers in the clerical and social side of the centre, and there is no doubt that the presence of these helpers adds greatly to the amenities and lessens the work of the Health Visiting staff.

Distribution of Welfare Foods

For administrative purposes the County is divided into 15 sub-districts, each having an Area Officer in charge. In 10 areas the work is undertaken by Officers of District Councils; in the remaining 5 areas the Officers are members of County Departments. We record our appreciation of the help given by the Education and Welfare Committees in permitting their Officers to carry out the administration of the Service at Barnstaple, Plympton and South Molton.

Deliveries were carried out in 1959 by the Speedy Parcel Delivery Company who were on contract to the Ministry of Food. The contract expired at the end of December and deliveries will be carried out in future by the Associated Deliveries Ltd.

The personal distribution of the Foods is in the hands of Voluntary Workers operating 268 distributing centres in the County, from the following premises:

Rented Premises and Offices	13
Child Welfare Centres	61
Private Houses	89
Shops	105

Members of the Women's Volunatry Service are in charge of distribution at 28 Child Welfare Centres and 12 Offices. To all the voluntary personnel undertaking this work we owe a great debt as it often entails much time, patience, and no small amount of disturbance to home duties. It is regretted beneficiaries do not always appreciate that the distribution is purely of a voluntary nature, as in a few instances they expect to obtain Welfare Foods at all hours of the day and night—luckily such instances are few but nevertheless can cause considerable annoyance to our voluntary helpers.

The total issues of Foods during the year shows a decrease in National Dried Milk of 25%, 12% on Cod Liver Oil, 1% on Orange Juice and an increase of 4% on Vitamin Tablets. Actual issues were as follows:

99,821 Tins of National Dried Milk
23,220 Bottles of Cod Liver Oil
18,119 Packets of A & D Vitamin Tablets
200,369 Bottles of Orange Juice.

Problem Families

A number of families continue to be classed as "Problem Families." As noted in previous reports they present a problem to most social agencies not because their own standards of family care are falling but because the general standard reached by the community as a whole has continued to rise. Very often these families tend to wander from area to area, and as a result are never on housing lists for a sufficient length of time to justify a local authority re-housing them, although the housing conditions in which they live are often very poor. Even should it be possible for a local authority to re-house them they tend to make undesirable tenants because their standards of housekeeping and homecare are poor compared with those of their neighbours. The parents of such families are often educationally retarded because during their own childhood special education to suit their needs was not available. Close watch is kept on the children to ensure that they receive any special education that should be necessary. In every case the needs of the children are the prime concern of all the agencies who help in the surveyance of these families, and it is the constant endeavour to prevent these problems being continued into another generation. A great deal of understanding is necessary if these families are to be rehabilitated. As in previous years, where the problems have been grave and many agencies have been concerned, the Co-ordinating Officer has called special meetings at which the problems concerning a specific family can be fully discussed and a co-ordinated programme of social rehabilitation planned. Very often a programme of intensive visiting by the Health Visitor and Education Welfare Officer is essential.

Nurseries and Child Minders Regulations Act, 1948

During the year one application was received for registration of premises as a Day Nursery for 10 children. This was requested in March, but the owner closed the Nursery and returned the certificate in November. At the end of the year 4 Nurseries were on the register providing for 88 children.

Three Daily Minders were registered during the year for a total of 23 children, and at the end of the year 7 were on the register for 51 children.

Assistant County Medical Officers continue to carry out periodical visits to Day Nurseries and Child Minders.

HEALTH VISITING SERVICE

In October, 1959, the Ministers of Health and Education, sent a circular to Local Authorities concerning the findings of the Working Party Report on Health Visitors. They stress the point that many of the recommendations contained in the report are within the direct responsibility of the local authorities as the employers of

health visitors, and urges any who have not done so, to take such action as seems to them appropriate for the improvement of their health visiting service, in particular making sure that full use is made of the health visitor's capabilities and potentialities.

They recommend that Group Advisers be appointed in appropriate cases. This county was the first local authority to make these appointments and at the end of 1959 there were ten groups of health visitors and seven group advisers. The system is working extremely well and it is hoped to appoint three more group advisers in the near future.

They re-iterate the point that the work of the health visitor should be broadly based and should extend to the whole family. She should pay increasing attention to their mental health. It is essential that a certain minimum of routine visiting be carried out as a means of detecting physical or mental handicaps or any disturbance in family relationships at a stage when help may be most effective.

They point out that the health visitor can make a contribution in association with hospitals and general practitioners in giving health education and social advice in their homes to patients suffering from physical and mental illness.

It is regarded as important that the health visitor should have a fixed base—often perhaps a clinic—from which she works and where she can be contacted. There are clearly advantages if the base is within or near the particular district where the health visitor works. Clerical assistance should be provided, wherever possible. Adequate transport is a necessity. In Devon health visitors are provided with a telephone at their homes and, in some areas where there is a county clinic, this is used as an official base—in other cases they carry out their clerical work from home. Only one health visitor in the county, because of physical reasons, has no means of transport. There is a growing need for clerical assistance because of the increased amount of work being carried out particularly in the field of immunisation.

They recommend that the health visitor should be relieved of duties in the School Health Service and at Maternity and Child Welfare Clinics which do not call for the use of her particular skills so that she should be able to concentrate on giving health education and advice. In this county, twelve nursing assistants assist the health visitors in the School Health Service and some assistance is given in the Maternity and Child Welfare Centres by voluntary workers.

They recommend a closer liaison between the health visitors and the general practitioners. Here there has been a continued improvement in co-operation between the health visitors and the general practitioners, in some cases this following appreciation of

the valuable work carried out by the health visitor. It is helped too by the greater emphasis placed on Social Medicine and Social Services in Medical Schools today.

Most of the recommendations of Staff Education are already being carried out in Devon. The staff have group discussions among themselves and they have conferences with the Chest Physicians and with the Child Guidance staff, and in some areas with the Geriatricians. They are given opportunities to attend local conferences. Each health visitor attends a refresher course once in five years.

With regard to manpower and recruitment, the staffing suggested in the Working Party Report means that Devon would require approximately 120 health visitors. The agreed increase in establishment of six health visitors each year is correspondingly welcome.

There is a slight increase in the number of candidates coming forward for health visitor training and it is thought that the lectures being given to student nurses on the " Social Aspects of Disease " may have some effect on recruitment, though there is an overall shortage of staff in all fields of nursing.

Owing to the relatively large number of families for whom each health visitor is responsible, and in view of the high standard of school health work in Devon, most health visitors are unable to find time for as much home visiting as they would wish. There is an increase in the number of visits paid to the aged although there is still a large gap in this aspect of the service. The health visitors are acutely aware of the needs of the work and are very concerned when they are unable to fulfil all that is required.

A summary of the work undertaken by the Health Visitors during 1959 is as follows:

Type of Visit	*No. of Visits*
Infants under 1 year	41,555
Children 1—2 years	18,273
Children 2—5 years	31,433
Age Groups 5—15 years	9,278
Age Groups 15—65 years	10,304
Expectant Mothers	3,592
Tuberculosis	1,830
Aged	3,992
Hospital After-Care	287
Home Help Service	1,597
Under Children's Act	1,056
All Others	253
Attendances at Centres, Clinics, etc.	9,113
Households Visited	26,009
" No Access " Visits	13,736
Health Education	
Group Talks to Mothers	351
Talks given in Schools	131
All other Talks	92

HOME NURSING SERVICE

There has been a slight decrease this year in the numbers of general cases nursed and the number of visits paid. This is partly due to the number of Diabetic patients who no longer receive injections of Insulin, but have tablets to swallow; partly to a lessening of tuberculosis patients nursed, and partly to the numbers of patients who attend the out-patient department of hospitals, for treatment they could well receive at home, and which our nurses would welcome. There has been an increase of almost 4,000 visits to the aged, and although the strenuous work entailed in the nursing of these very heavy patients is by no means shirked, a little variation in the nurses' work, to include some acute work, such as surgical dressings, would be both acceptable and welcome.

The County Staff Sisters' Meetings and the Area Group meetings, continue to be held, and are a most valuable means of interchange of views and information. We have been fortunate to have Dr. Brimblecombe speak to us this year, on such things as oral appliances for the babies with hare lip and cleft palate; Phenylketonuria; Intestinal atresia and Tracheo-Oesophageal atresia.

We had demonstrated a turning device, made by one of the patients' relatives, and now have 11 of these in use, and more on order.

Interesting observations from Post-Graduate Courses are also discussed at these meetings.

The following table demonstrates the Home Nurses' work.

No. of Medical Cases nursed	10,569	No. of Visits	248,253
No. of Surgical Cases nursed	3,205	No. of Visits	55,585
No. of Infectious Diseases nursed	8	No. of Visits	194
No. of Maternal Complications nursed	420	No. of Visits	3,373
No. of Tuberculosis nursed	75	No. of Visits	5,161
No. of Other cases nursed	718	No. of other Visits	26,277
Total cases	14,995	Total Visits	338,843
Patients already included who were over 65 years of age	7,738	Visits to patients over 65 years	209,480
Children already included who were under 5 years of age	846	Visits to children under 5 years	4,351

2,753 patients received more than 24 visits during the year, the total visits being 195,466.

Registration of Nursing Homes

During the year one new application for registration of premises under Sections 187-194 of the Public Health Act, 1936 was received and approved for the reception of 12 medical convalescent patients. Four Homes withdrew their registration during the year and at 31st

December, 1959, the number of Homes on the register was 33, plus one Home exempt from registration. These 34 Homes provide beds for 55 maternity cases, and 372 medical convalescent cases.

Nurses' Acts, 1919-1945

Two applications for renewal of licences to carry on agencies for the supply of nurses under these Acts were received during the year and both were approved.

HOME HELP SERVICE

At the beginning of the year the W.V.S. operated in the following areas:

AXMINSTER	DAWLISH	SIDMOUTH
BARNSTAPLE (U/R)	EXMOUTH	TAVISTOCK
BIDEFORD	ILFRACOMBE	TEIGNMOUTH
BRIXHAM	NEWTON ABBOT (U/R)	TORQUAY
CREDITON	PAIGNTON	TOTNES URBAN
DARTMOUTH	SEATON	TOTNES RURAL

During the early part of the year W.V.S. took over the following areas:

BOVEY TRACEY, HONITON, IVYBRIDGE, KINGSBRIDGE PLYMPTON, PLYMSTOCK, TIVERTON

The remainder of the County is covered by application direct to the County Medical Officer and referred to the County Home Help Organiser, Health Visitors and District Nurses for supervision. As at December 31st., 1959, 490 part-time Home Helps were employed and during the year the following 2,346 cases were dealt with:

	Maternity	*T.B.*	*Chronic sick incl. aged*	*Others*	*Totals*
W.V.S.	176	9	1,450	308	1,943
County	141	5	195	62	403
TOTAL	317	14	1,645	370	2,346

The total figure above represents an overall increase of 6% over 1958 and in the " chronic sick and aged " group the increase is 9.3%.

The daily case load in this group alone at December 31st was 953—but the Service cared for a considerably greater number of old people than this as in many cases there were aged partners, sometimes with other invalids in the home.

Many cases were also referred to the National Assistance Board, where the needs could be adequately met by a more economical arrangement, on a private basis, and the Board's Officers have been extremely helpful in this connection and in bringing new cases of need to our attention.

Most of the cases concerned with the care of the aged are necessarily long-term ones, generally for the life time of the patient and the increase is following an anticipated trend. In general, the Organisers in urban areas were able to meet the demand immediately, although difficulty is naturally experienced in seasonal holiday resorts during the summer when female labour is practically unobtainable.

Towards the end of the year there was noticed a sharp rise in the demand for the Service, and this is a trend which will probably continue. My sincere thanks to to all the W.V.S. Organisers who are responsible for the day-to-day running of the Service—and to all their colleagues who, by their efforts and their co-operation with the County Medical Department, have made it possible for the Service to meet the increasing demands during the past year.

OCCUPATIONAL THERAPY SERVICE

The year 1959/60 could be referred to as a routine year, inasmuch as there were no great changes in the work. The four therapists were fully occupied in their daily visits and there was little time to plan for new projects or forms of craftwork.

Last year's fall in Tuberculosis cases was maintained and now cases of physical handicapping predominate over tuberculosis and mental ill-health.

The class started at Newton Abbot in June, 1958 with two cases has grown and there are now sixteen persons attending regularly. The class has proved most successful and it is difficult to persuade the members to have a holiday during August, when owing to the combination of market day and holiday-making it was found difficult to collect all the cases in time. Unfortunately it is impossible to expand this class further as transport is limited to the capacity of the Therapists' cars. No effort has been made to limit the class to specific age groups or defects and it is interesting to see the persons of different ages, intelligence and manual dexterity fitting into the social give and take of class work.

In view of the success of the Newton Abbot class, a further class is scheduled to open at Exmouth in April, 1960, and a possible fortnightly class at Bovey Tracey in the autumn of 1960.

An approach was made to the Organiser of the Old Age Pensioners' Handwork Exhibition held at Torquay and as a result of this a special class was made to allow the Old Age Pensioner receiving help with his craft work to compete. The Occupational Therapists joined in providing a small trophy. The competitors were delighted to be able to show their work, and still more pleased at the various awards they obtained. To be able to compete in this way had a wonderful psychological effect on the competitors who were most

grateful to Mrs. Heath and her committee. Many have already started to work for the 1960 Exhibition.

If time permits it is proposed to hold a further competition between all the cases on the Register, not only the pensioners.

	1958	1959
New Cases	450	400
Waiting List	0	19
No. of Visits	5,732	5,834

A further 100 visits were paid to 59 cases that were not admitted to the Register. These visits were for various purposes such as a trip to the remedial kitchen at the Princess Elizabeth Hospital, assessment for " aids to daily living," and to decide if they should be placed on the Occupational Therapy or Home Workers (Welfare) Registers.

Deceased	20
Returned to work full time ..	8
Returned to work part time ..	3
Sent to Rehabilitation Centre ..	4
Signed off no longer needing O.T.	4
Passed to Welfare	4
Refused Occupational Therapy ..	5
Returned to Hospital	4
Using Red Cross Library	22
Undertaking preparatory training courses by correspondence ..	5

Chiropody

During this year the Ministry has circularised local councils granting permission for the Local Health Authority either to undertake chiropody schemes directly or by means of grants to Voluntary Associations from April of next year. The high proportion of older persons in the community in Devon almost certainly means that there will be a big call for such a service, which may, like the Home Help Service, be expected to show increasing demands for a number of years—probably greater than can be covered by the number of chiropodists available in the area at present.

MENTAL HEALTH SERVICES

In the review of the development of the Mental Health Services in last year's report, 1957 was singled out as an historic year in which the Report of the Royal Commission on the Law Relating to Mental Illness and Mental Deficiency was published. 1959 was equally notable for the introduction of the Mental Health Bill, which followed closely the recommendations of the Royal Commission, and which became law during the year.

There are several aims behind the Mental Health Act of 1959 but one of its main objects is to break down the separateness of physical and mental illness. So far as possible mental illness is to be treated informally and in any hospital with suitable facilities. Compulsory powers will only be used where patients refuse, or unable to co-operate in treatment or care which is urgently needed either for their own sake or for the sake of society in general. The need for such compulsory treatment will be determined by medical examination rather than by legal process, although the Act provides adequate safeguards in Appeal Tribunals.

The second important principle is that in future patients will only receive long-term care in hospitals or institutions where psychiatric treatment or skilled nursing care is required. Otherwise the mentally handicapped will be cared for in the community—thus throwing vast new responsibilities on to the Local Health Authority.

The new Act has done away with certain old terms such as " idiot " and " imbecile " and in future all mental derangement will be included under the term " mental disorder." There will be three main categories of mental disorder known as (a) mental illness, (b) mental subnormality, and (c) psychopathic disorder. The passing of the Act and the changing of nomenclature will not by themselves lessen the problems for the general public, the mentally disordered or for those whose job it is to help them, but is is hoped that it will assist the public to understand the need and accelerate the removal of the stigma still attached to mental illness by many people.

The Health Committee deserves great credit for considering their policy and laying down plans for future expansion well before the Bill became law. Whilst the service must obviously be developed over a period of years the committee agreed that progress should be as rapid as possible and that the best way to achieve this was to concentrate efforts on one or two aspects first of all. It was decided to give priority to (a) preventive services and services to help mentally disordered people to remain in their own homes, (b) provision of adequate training facilities for all subnormal children in the county, followed later by the development of corresponding facilities for adult subnormals, and (c) residential provision for mentally disordered persons who would otherwise have to be admitted to mental hospitals, starting with provision for the elderly mentally infirm.

Prevention

Much valuable preventive work is already being carried out by Health Visitors in their routine visiting of homes, and in Welfare Centres and Schools, and to enable this aspect of their work to develop more rapidly it was agreed to double the rate of increase of our health visitor establishment. If hospital admissions of mentally

disordered persons were to be prevented much more intensive case work would be called for, and the load of the Social Workers in Mental Health would have to be decreased to make this possible. Consequently it was agreed that the establishment of Social Workers, only recently increased from ten to thirteen, should be further increased to a total of eighteen over the next three years.

Junior Training Centres. The County Council has accepted as axiomatic that every educable child should attend school even though in a county of this nature this involves considerable expenditure on transport or in some cases the provision of hostels or residential schools. The Health Committee has accepted the same principle in respect of the subnormal child incapable of benefitting from education at school, and intends to provide training facilities for all children who can benefit therefrom. Home teaching will still be provided for certain children until these full facilities become available, or permanently for those who are prevented from attending Centres by severe handicap.

Wherever possible children will attend Centres daily, transport being provided if necessary, and all children in the Torbay area will be catered for on this basis at the new Mayfield Centre when an additional classroom has been added. Both at Barnstaple and Plymstock, where new centres are also to be erected, the majority of the pupils will attend on a daily basis. A number however will be living a little too far away for daily travel and provision will be made for these in hostels where they will sleep from Monday to Thursday inclusive, returning to their own homes after school on Friday and coming back to the Centre on Monday morning. The hostels will be separate from the Training Centres so that these children will go " home " each evening in the same way as the other children.

Those children living in the east of the county and in the mid-Devon area are unfortunately widely scattered and nowhere does there exist a nucleus of pupils who could attend a Day Centre. Provision for children in these areas will therefore be made in a Residential Centre where the children will stay throughout the school term and return home only for school holidays. The Health Committee already had in its possession excellent accommodation at Oaklands Park, Dawlish, which has for some years been too large for the rapidly diminishing number of delicate children who have received convalescent care there. It was therefore decided to take over Oaklands Park as a Residential Centre for the subnormal children, and to move the Home for Delicate Children to a house now surplus to the requirements of the Children's Committee.

Adult Training Centres. In addition to our centres at Sidmouth and Exeter which meet one day each week, the Torquay Leisure Club continues its excellent work for both men and woman. At present, the County Council makes a grant to the Torbay Society for Mentally Handicapped Children towards their Adult Training Centre in Torquay and an Adult Class in Kingsbridge. The Mencap Centre at Torquay is open four days a week and is staffed by a full-time Supervisor and part-time Instructors, whilst Kingsbridge Centre meets one afternoon per week. The Committee decided that most rapid progress was likely to be made if the activities of this and similar Associations were encouraged by means of loans towards capital expenditure and increased annual grants.

The Mencap Centre is at present doing admirable work in very inadequate accommodation and the County Council acquired on their behalf a site found by them in Paignton. The Association plans to build a new Centre on this site which will be run with the aid of grants from the County Council.

With the possible exception of Barnstaple the number of sub-normal adults are too small to consider similar provision in other towns. Some mentally disordered patients are already grouped with physically handicapped in occupational therapy classes and, since similar geographical difficulties doubtless apply in making provision for other groups of handicapped patients, it has been decided to explore the possibility of joint training centres and workshops.

Residential Accommodation. There are considerable numbers of patients in mental hospitals and mental deficiency hospitals who no longer require psychiatric treatment or skilled nursing care, but who are not capable of living independent lives and for whom no alternative provision has previously existed. Many of these have lived in hospital so long that it would be wrong to uproot them, and we shall concentrate on making provision which will prevent the need for hospital admission of similar cases in the future. The most immediate need is more adequate provision for old people who become senile and sometimes tend to wander at night, or periodically become slightly confused, and who are not suitably placed in existing Old People's Homes administered by the Welfare Committee. It seems most suitable that such provision should be made jointly by the Health and Welfare Committees and such a committee was brought into being. The intention is that whilst provision will be made under the National Health Service Act, and admissions and discharges arranged through this Department, the County Welfare Officer will undertake the day-to-day running of these old people's homes also.

AMBULANCE SERVICE

It will be seen from the figures given below that there has been an all round increase in the work done by the Ambulance Service again this year. There are several reasons for this increase. In the first place there has been a small increase in the number of beds at some Hospitals. Secondly more effective use has been made of existing beds in that the patient's stay in Hospital has been reduced to a minimum resulting in more patients being admitted and discharged. Thirdly, there has been a great increase in clinic work. More clinics have been introduced and those already in operation have increased their work, and this trend is likely to continue.

The work of the Ambulance Service will soon reach a point where we shall have to increase the number of vehicles and personnel, or introduce some means such as radio to enable the present resources to be deployed more effectively and efficiently.

	1958	1959	*Comparison*
Ambulances			
Patients	46,867	56,156	+ 9,289
Mileage	667,604	671,476	+ 3,872
Emergency Calls	* 3,616	† 6,765	+ 3,149
Hospital Car Service			
Patients	89,180	92,776	+ 3,596
Mileage	1,625,060	1,698,775	+ 73,715
Hired Cars			
Patients	956	4,157	+ 3,201
Mileage	7,846	14,913	+ 7,067

* This figure covers accidents only.
† This figure covers all emergency calls including accidents.

The Voluntary Agencies

St. John, The British Red Cross Society and the Hospital Car Service continue to keep pace with the ever increasing demands on the Ambulance Service. There were over 20,000 occasions on which voluntary personnel manned the ambulances during the year, an increase of 500 on the previous year. The Hospital Car Service has been able to cope with an extra 73,000 miles undertaken for sitting patients during the year.

There has been a very satisfactory improvement in the standard of Ambulance Stations. No less than four Associations have built new premises during the year. In addition the County Council have erected new ambulance garages at Plympton.

Okehampton Incident

There was only one incident of any magnitude during the year. In February a lorry carrying Army personnel turned over on a steep embankment outside Okehampton. There were sixteen stretcher cases and nineteen other casualties as a result of the accident. The call for the ambulances was received at 8.32 a.m. and all the casualties had been given first-aid, carried up the embankment and conveyed to Hospital by 9.45 a.m.

Air Transport

There has been one occasion when it was necessary to arrange transport by helicopter for a patient. This involved a flight from Lundy Island to the North Devon Infirmary when the sea was too rough for a journey by boat.

Rail Transport

The introduction of diesel rail cars by British Railways on increasing numbers of branch and inter-City routes has resulted in patients having to be off-loaded from the train at a greater distance from their home than heretofore, as diesel rail cars cannot provide suitable accommodation for stretcher patients. This has resulted in increased cost, as ambulances have had to be used for longer distances.

SCHOOL HEALTH SERVICES

School Medical Inspections. By far the major part of a School Medical Officer's time is devoted to routine medical inspections. In Devon the school children receive four such examinations during their school life—at school entry, at about the age of 8, again before they proceed to Secondary education and a final examination before they leave school. During the last year there has been an increase in the number of inspections carried out. However, it was noteworthy that despite this the number of children found to be in unsatisfactory physical condition has continued to fall. School Medical Officers report that the general health of children in the county remains excellent.

Dr. J. MacTaggart notes in her report:

" In the senior school I am surprised at the number of children who are overweight. A few years ago the general condition of children who were underweight was usually stated to be unsatisfactory, but during the last year most of the children in the Secondary Modern and Grammar Schools that I have included in this category have been very overweight. In general I find that many parents are not aware of the dangers of obesity and do little to encourage their children to reduce their weight to more normal levels."

Two other Medical Officers note a high incidence of valgus ankles in school entrants and in both cases attribute this to a high carbohydrate diet during the early years of life, although it is noted that the condition improves quickly with remedial exercise.

Dr. Hunt comments on the school medical inspections he has carried out during the year:—

" (a) The problem of nocturnal enuresis still remains and I estimate that up to 8% of five year old school entrants suffer from this disability.

(b) I noted the general appreciation of parents towards the value of the routine tuberculin skin testing carried out every year on primary school children.

(c) Almost without exception, parents were unaware of the difference between tetanus immunisation and the anti-tetanus serum given in casualty departments following accidents."

Dr. Dunn, who took up his duties in North Devon at the beginning of July comments on the difference between work in his previous appointment and work in Devonshire. He goes on to say:

" The general health of the school children themselves is good in both counties. The thin, peaky and pale child (though often active and wiry) found in the Barnstaple schools can also be seen elsewhere in the country and their appearance belies the fact that they demonstrate no concrete medical defects."

He continues:—

" It is a very great advantage to be able to organise one's own work instead of carrying out a pre-arranged programme. The complete absence of clerical help in North Devon is manifestly a drawback and occupies a large amount of time which one tends to grudge at times when business is unduly brisk. It is a tremendous advantage for the School Medical Officer to be able to deal directly with his Divisional Education Officer over the majority of school problems. This aspect of local administration is most welcome and one enjoys friendly co-operation from this quarter and the beneficial results of direct discussions across the table."

Dr. MacLeod reports:—

" The scheme of school medical inspections as at present laid down seems to work well but there is no doubt though that further experiments with other schemes are required. There are 750 children at Honiton Secondary Modern School and I spend a very great deal of time examining them for a rather small result. A selective scheme is obviously required."

Dr. Budding in her annual report notes the provision of a new comprehensive school at Tavistock. She reports:—

" I have one or two comments to make on the medical angle of the comprehensive school which has over 1,150 pupils. We have set aside one whole day a week when the Clinic is used for the school, that is, for vision testing, medical inspections, B.C.G. vaccinations, etc. This, incidentally, has proved very useful as the staff know we are always available on that day to have talks about problems and see special pupils for them. Several courses are being held in the Clinic for small groups of 13 and 14 year old girls. This will eventually be extended after a trial period to include more psychological aspects of their problems so that we can get to know them better. Even now we are finding they will come across on Clinic mornings on their own with small problems."

It has been possible, with approval from the Ministry of Education, to start an experimental scheme of medical inspections in the county in the Plympton/Plymstock area and Dr. Walker reports " that despite being overwhelmed with a flood of poliomyelitis vaccinations on which much of my time had to be spent, schools have been visited every term and all new arrivals into the new scheme have been examined. A visit every term is I feel of great advantage: parents are introduced to the School Health Service from the start and more approaches are made with problems by parents and teachers when visits are termly instead of annually. Leavers medical cards have been scrutinised and where necessary leavers have been seen and information passed to their General Practitioners. Talks on the Welfare Services and Health Services

have been given to leavers with considerable emphasis on their responsibilities as citizens to those Services. The visit every term has been of great value in following up children with whom there are difficulties of various kinds connected with education, and I think more advice is now being sought especially about mental health."

It is proposed during the coming year to introduce an experimental scheme on the lines of that at present being undertaken in Dr. Walker's area to the Tavistock area, the object of the scheme being to utilise the time which was previously taken up by routine inspections for other purposes. Instead of medical examinations being undertaken four times during a child's school life the Doctor will only undertake the one full examination of school entrants and re-inspect special cases. Other children referred by parents, teachers, Health Visitors, or others, would also receive special examination. During the last year in school a final examination and review of school medical history would be undertaken with a view to making reports, where necessary, to the Youth Employment Officer and transmitting to the General Practitioner a precis of the child's medical history.

Personal Hygiene. As was noted last year, the steps already taken have reduced the infestation figure in the county to a remarkably low level. The year 1959 has seen a slight fluctuation in the figure giving a rate of 0.25% as compared with the figure of 0.24% last year. However, it should be realised that an increase of only one or two actual cases would be sufficient to produce this variation. It is generally more difficult to reduce figures further when they have reached such a low level and the total number of cases found remains very small. One Medical Officer made a comment in his report that the cleanliness of school children is sometimes no better than it should be.

Minor Ailment Clinics. As has been noted in previous reports, it is no longer necessary to undertake treatment of school children who may be referred to their own family doctor, and it has been possible to convert many of the Minor Ailment Clinics into Consultation Clinics. Dr. Wildman reports:—

" The Consultation Clinic was started in 1959 and continues to run successfully. It is held on the second and fourth Thursdays of each month. 86 children were examined during the year, the majority of whom were seen by appointment. The arrangement appears to have worked well and has enabled the Medical Officer to carry out other duties in the School Health Service on the remaining Thursday mornings each month."

Consultation Scheme. The number of children referred to various consultants, with the approval of the family doctor, shows a further fall this year and is in fact less than half of the number referred in 1957.

The reasons for this are probably a closer school doctor/family doctor relationship whereby after discussions the family doctor refers the child direct to the consultant keeping the school doctor informed of the result, as well as a closer link between the school doctor and consultant whereby the child is referred direct and not through the central office, consequently the figures do not appear in my statistics.

Referrals were made through the central office to the following consultants:—

E.N.T.	110
Orthopaedic	87
Paediatrician	15
Chest Physician	7
Surgeon	7
Ophthalmic	5
Dermatologist	5
Physician	3
Cardiologist	2
Neurologist	1
Gynaecologist	1

School Ophthalmic Service. During the year Dr. Foxwell retired from full-time work after over 23 years with the county. She has, however, continued to work on a part-time basis in North West Devon. Dr. Chaturvedi was appointed to succeed her and now covers the school ophthalmic work in the East and North Eastern areas of the county.

Dr. Foxwell reports:—

" There was little of interest to report during the first half of the year its being spent in routine work reviewing all cases to ensure that glasses supplied and treatment ordered were up to date. In September I took over temporarily the small area of North West Devon which had been without the services of a School Ophthalmic Surgeon for 9 months, and this gave me an excellent opportunity to make a number of comparisons, the most interesting and persistent of which related to cases of myopia.

Some years ago I started an investigation on the effects of some different treatments on the increase of myopia. Unfortunately, its being necessarily a long-term survey, it had to be abandoned, as it was quite impossible to collect and correlate data and complete the ' follow-ups ' required owing to the intervention of the war with its consequent over-crowding and shifting of school populations. One observation however, I made, and have since proved its efficacy repeatedly, namely, that if children were supplied with fully correct-

ing glasses at the onset of myopia and instructed to wear them constantly, in almost every case, where the treatment was faithfully followed, the myopia was checked and held, or showed only minor increases. Thus, when school and adolescent—the danger years—were completed, the patient would have only a low degree of myopia and could wear glasses at his own discretion.

This theory is supported by observations in another part of the County where the majority of the children had been supplied with glasses, but had worn them chiefly for close work. In most cases the increase was marked, but in the few who had worn the glasses constantly, the lenses needed little or no change."

Dr. McCormick reports from the south-western area of the county:—

" Perhaps rather than a report this might be termed a few observations after a year's experience of the School Ophthalmic Service.

The earliest impression must be of the Health Visitors—surely a most dedicated, diligent and co-operative group.

The general facilities available in the clinics are very good from the ophthalmic point of view. The amiability of the school staffs, on having their routine disrupted by an ophthalmic visit, is also most praiseworthy.

The opinions of the ophthalmic service held by parents and children seem to be diverse. One young lady at a rather up-stage girl's school said loftily that she had no wish to have her eyes examined by the school authorities—this was always done for her privately. These words accompanied by a look of faint scorn might produce a psychological trauma in an eye surgeon not endowed with a measure of placidity! The service is obviously not without its occupational hazards.

The allocation of hospital sessions to the school ophthalmic surgeon is a definite step forward in progress. It brings parental realisation of the fact that there is no chasm between hospital and school services and that both function symbiotically for the welfare of their children. This is important. The welcome extended by the consultant ophthalmic surgeons to a new member of the staff could not have been more cordial. It is very encouraging to know that they approve of the new idea.

Fortunately many parents do regard the school eye service as a very good organisation regardless of these considerations.

To end on a melancholy note—the gradual disappearance of the village schools with their delightful old architecture and equally delightful headmistresses of character giving individual tuition for excellence, fills at least one member of the school service with sadness."

Hearing Assessment Clinics. During 1959 considerable progress was made in the Hearing assessment programme in the county. As has been previously noted many children may suffer from minor or even in some cases major degrees of deafness without any suspicion being aroused. They often appear to be somewhat retarded in their school work. It is now possible to arrange routine testing of the hearing of all school children at least four times during their school life. This is at present being done by means of a simple word test which the Health Visitor is able to do at the school. Where a child is suspected to be deaf the case is referred to the School Medical Officer, and where the suspicion is confirmed it is possible for the child to be referred to a Hearing Assessment Clinic. In 1959 a Hearing Assessment Clinic was started on a full scale in the Torbay area, and a further Clinic was established in Exeter to cover the East Devon area. Unfortunately it was not possible for a Specialist in Ear, Nose and Throat diseases to work with the Clinic in Exeter during 1959, but at the time of writing this report it is pleasant to be able to say that a Specialist has now started working with this Clinic. The untimely death of the E.N.T. Surgeon prevented a start to a full scale Clinic in the North Devon area. It is, however, the intention to start this Clinic temporarily without specialist assistance as was done in Exeter.

Further expansion of the Hearing Assessment Programme will take place during 1960 when an Audiometrician is to be appointed together with a further Peripatetic Teacher of the Deaf. The first Peripatetic Teacher of the Deaf, Mr. R. Marshall, commenced work in the county during 1959. During this year he has had to cover the whole county area but has to some extent concentrated on the Torbay area which, taken in conjunction with the starting of the local Hearing Assessment Clinic, has meant that it has been possible to cover this area thoroughly. It is hoped that as further Peripatetic Teachers of the Deaf are appointed it will be possible to cover all areas of the county as thoroughly and it will enable Mr. Marshall to concentrate on advising and helping deaf children attending the ordinary schools much more than has been possible up to the present.

First Year of South Devon Hearing Assessment Scheme (1959).

(1)	School Population of Area		22,356
(2)	Number of children referred for investigation of hearing, i.e. 1 in 78.5 of school population		284
(3)	Children were referred by:—		
	School M.O.		142
	Health Visitor or Nursing Assistant	16	
	E.N.T. Surgeon (Mr. Bradbeer)	31	
	G.P.	3	
	Speech Therapist	6	
	Child Guidance Service	1	
	Head Teachers	38	
	Audiology Unit (London)	5	

	Torquay Hearing Survey		51
(4)	Of the cases referred:—		
	Investigation completed		140
	Investigation incomplete		74
	Investigation not yet started ..		63
	Left school (or area) before investigation		6
(5)	Children seen at *Dr. Solomon's Torquay Hearing Clinic* ..		114
	No further action needed		37
	For re-check		34
	Referred to Hospital Assess. Clinic		43
	No. of sessions ..	28	
	Total No. of Exam. ..	128	
	(14 seen more than once).		
(6)	Following Audiometry in School and known History alone.		
	No further action needed		35
	Referred to Hospital Assess. Clinic		21
(7)	Hospital Assessment Clinic.		
	No. of sessions		11
	No. of children referred		59
	Parents refused Assessment ..		2
	Children seen		57
	No further action advised		4
	Advised operative treatment ..		13
	Advised Hearing Aid (or already issued with one).		23
	Advised operation and Hearing Aid (or already issued with one)		6
	Further observation		11

(8) Of the 55 children with confirmed Hearing Defects requiring treatment 8 were of the High Frequency type.

(9) Total number of cases for investigation or re-check carried forward to 1960 were 192.

Dr. Solomon reports on the first year of the Hearing Assessment Scheme in South Devon:—

" *Defects of Hearing.* Early in the year the S. Devon Hearing Assessment Scheme was initiated. The area covered had a school population of 22,356, and extended from Dartmouth to Teignmouth, and from Ashburton to Torquay. In the first year 284 children were referred and it was possible to complete investigations in 140 cases, and partly investigate 74 others.

A *Preliminary Audiometry Clinic* was held on 28 occasions at Castle Road Clinic by Mr. Marshall and myself. At these sessions 114 children were seen for audiometry and clinical investigation. Of these 43 had hearing defects which merited their referral to the *Joint Hearing Assessment Clinic* at Torbay Hospital, and of the remainder 34 were referred back for re-check at a later date and 37 needed no further action. Mr. Marshall also saw 56 children at their homes or in school. Some of these had been referred by the

E.N.T. Surgeon and others were known cases of deafness wearing hearing aids. Of these 21 were referred to the Joint Hearing Assessment Clinic and 35 needed no further action.

After the preliminary investigation (or re-check) 59 children were seen at the *Joint Hearing Assessment Clinic* held monthly, on Saturday mornings, at Torbay Hospital. The personnel present usually consisted of the E.N.T. Surgeon, Peripatetic Teacher of the Deaf, Audiometrician, Senior Health Visitor and School Medical Officer. The parents of 2 children declined to attend the Hospital Clinic; thus 57 were seen. No further action was advised in 4 cases —the hearing in 2 of which was found to have improved to within normal limits by the time they were seen at the hospital. Operative treatment alone was advised in 13 cases, the provision of a hearing aid in 23 cases, and both in a further 6 cases. Only 11 children were referred back for a re-check at a later date without any treatment, although all the treated cases will also be re-checked later. This meant that at the beginning of 1960 there were 192 cases waiting investigation or re-check.

An analysis of the type of deafness (audiometry curve) showed that it was bilateral in 38 cases and unilateral in 17. Of the former 22 were " flat loss," 6 " incline curves " and 6 high frequency type, and 4 mixed; and of the latter all were " flat loss " type—8 in (R) ear and 9 in (L) ear.

As a result of the demand by the parents of school leavers seen at the Joint Hearing Assessment Clinic I compiled a list of some 50 jobs which had been successfully carried out by boys and girls who had severe hearing defects. It is hoped that positive advice like this, in leaflet form, will counteract the disappointment so often seen in young people who had been told that they would not be accepted for the Services or Nursing, etc.

A comparison between Word Tests and Sweep Audiometry was carried out in Torquay on 300 children under 7 years old in 6 different schools. This was one third of a Survey conducted in other parts of the county. The results are not yet fully analysed."

Dr. Archer reports:—

" The East Devon Hearing Assessment Clinic started in Exeter in September, 1959. Sessions have been held twice a month. The present staff consists of the Teacher of the Deaf, Mr. Marshall, a Health Visitor and a School Medical Officer. It has not been possible so far to obtain the help of an Ear, Nose and Throat Consultant at this Clinic.

Children are referred here from all the East Devon areas when there is reason to suspect their hearing acuity and a more detailed investigation is indicated than can be made at a School or a local Clinic. The School Medical Officer who asks for an appointment, provides medical and background information relevant to the

investigation, so that priority can be given to urgent cases. A proportion of the children referred have speech defects which make a pure tone hearing assessment desirable to eliminate hearing loss as a cause before treatment by speech therapy is considered. Assessment is based on tests of hearing reactions to speech and other sounds, puretone threshold audiometry where applicable and the appropriate medical examination.

Children with confirmed hearing loss are then referred for consultation, by arrangement with their general practitioner, to an Ear, Nose and Throat specialist. The Clinic is thus acting at present as a second screen for hearing loss in children of school age, the first screening taking place in the Schools and Clinics by Health Visitor and School Medical Officer.

No. of Children seen	*Hearing Loss*	*Recommendation*
9	Moderate or severe bilateral loss.	Referred to E.N.T. Consultant. 3 now provided with hearing aids.
2	Moderate or severe unilateral loss.	Referred to E.N.T. Consultant.
3	Slight or doubtful loss.	For review shortly.
10	No loss apparent on day of testing.	5-Referred for special observation in school. 5-Routine testing in school

THE SCHOOL DENTAL SERVICE

Report of the Principal School Dental Officer, Mr. J. Fletcher, L.D.S.

Staff

The number of children on Roll is 66,377 and the approved establishment of Dental Officers is 19, including the Principal School Dental Officer and the Orthodontic Specialist Officer. At the end of the year the staff consisted of a total of 15 whole-time dental officers and three part-time dental officers, whose aggregated service amounted to one and three-elevenths in terms of whole-time officers. The areas vacant were Tiverton, Tavistock and one of the Bideford areas. Repeated advertisements had failed to fill these vacancies. In addition one dental officer's resignation was pending on the grounds of ill health and another was on sick leave and not expected to return to duty. One dental officer, Tavistock area, had

been appointed and was expected to take up his duties in January 1960.

Treatment

In previous years I have set out details of dental treatment carried out in terms of 100 children treated and these from 1950 to 1957 showed a dramatic increase in the amount of treatment found necessary; the numbers of permanent teeth filled and extracted almost doubling themselves during that period. These figures now show a welcome levelling off since 1957. Dental officers in other counties have also mentioned this possibility and Dr. H. R. Crabb, lecturer in preventive dentistry at Bristol Dental Hospital referred to indications in this direction at a meeting of local authority dental officers in January of this year. The incidence of dental decay in school children is still very high and although a possible cessation of the upward trend is most welcome, every effort to reduce it by dental health education and other means are still very necessary.

Mr. Vowles and Mr. Derbyshire both report successful surgical extractions of impacted third molars, other teeth and buried roots, the fitting of jacket crowns, cast inlays and by Mr. Derbyshire of an obturator in a cleft palate case. (See details of Dental Treatment per 100 children on page 57).

Dame Hannah Rogers' School for Spastics, Ivybridge.

At the request of the School Governors the Education Committee agreed to accept this school into the county dental scheme and during the summer Mr. J. K. Vowles (Kingsbridge area) paid his his first visit to the school in their splendid new building. The dental care of these children, a number of whom are athetoids, requires very special qualities in the operator and it was pleasing to know that in Mr. Vowles we had someone to whom this task could with confidence be given. Of his work at the school Mr. Vowles writes thus: " One of the events of the year has been the taking over of Dame Hannah Rogers' School at Ivybridge. The experience has made a deep impression both on myself and on Mrs. Turnbull (his chair-side assistant). The spirit of the children is a lesson to us all." " The standard of dentistry possible is a variable item, but the attitude of the children compensates for this." " I must while on the subject record my gratitude to Mr. Bramley, Consultant Dental Surgeon to Greenbank Hospital, Plymouth, for accommodating these patients and myself and arranging for the attendance of a Consultant Anaesthetist when extractions are necessary." " The dental state of the children is in direct ratio to their degree of disability. One only has to watch them eat, and clean their teeth for this to become all too apparent." " On the face of it one would think that a lot could be done to influence their dental health by way of diet, but unfortunately the diet is again controlled largely by

the disability. I suspect that in the worst cases the teeth play a minor role—a lot of the food being pulped by the action of the tongue."

Fillings and minor extractions are carried out on the school premises with portable equipment. Extractions under general anaesthesia are treated in the dental department of Greenbank Hospital, Plymouth, as described by Mr. Vowles. This system has worked very smoothly and well.

DETAILS OF DENTAL TREATMENT PER 100 CHILDREN

Type of Treatment	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
Fillings:										
In Permanent Teeth	95.3	109	130	135	136	144	165	184	161	166
(No. of Teeth Filled)	(83)	(94)	(114)	(118)	(117)	(124)	(144)	(162)	(147)	(144)
In Temporary Teeth	11	14	17	16	20	22	22	21	21	27
No. of Teeth Filled	(—)	(12)	(14)	(16)	(20)	(20)	(21)	(21)	(21)	(25)
Extractions										
Permanent Teeth	13.2	14.8	16.1	16.5	18	25	27	27	25	28
Temporary Teeth	89.4	75.5	80.2	67	79	72	83	77	65	70
Other Treatments	72	98	100	99	92	103	118	128	126	118

Dental Health Education

When I was a young dental officer in the West Riding of Yorkshire, Sir George Newman, Chief Medical Officer to the then Board of Education in opening a new school clinic said: " When you are short of staff concentrate on propaganda." These words of wisdom made a very deep impression on me and have never been more appropriate than at the present time, with its high incidence of dental decay in children and a shrinking dental profession to cope with it. During the year the British Dental Association held its annual conference at Torquay and there launched a revised memorandum on the Dental Health of Children. The County Dental Services were represented by a mobile dental clinic, some dental health education flannelgraphs, and dental X-rays of cases of outstanding interest. The piece de resistance of the Local Authority Dental Service Demonstration was an exhibit prepared by the Gloucestershire dental hygienist and dental health education officer. The work of these two young women was most impressive and drew large crowds throughout the meeting. I can only repeat the strong recommendation in my report for 1959 for provision to be made in the estimates for 1961-62 for the appointment of a dental hygienist, who would be able to scale and polish the teeth of older children and expectant and nursing mothers and also conduct vigorous oral hygiene campaigns. There is no doubt at all that oral hygiene especially in secondary schools leaves very much to be desired and the scaling and cleaning of children's teeth is of great propaganda value in itself. The Dental Officers are best engaged in purely remedial work of which there is plenty to be sure, and just have not the time for this very necessary work.

Unfortunately it became apparent that the practice of selling biscuits and sweets in schools was increasing at the same time as the British Dental Association were launching their Child Dental Health Memorandum. The attention of all schools was called to the potential harm to the children's teeth of this practice and, at the same time, renewing the Principal School Dental Officer's offer to visit Parent/Teachers' Associations and other bodies in the county to give talks and to show the Medical Department's dental health education films. At this stage it might be appropriate to call attention to this passage from page 64 of " The Health of the School Child " 1956 and 1957: " The greatest harm is caused by the frequent sucking and eating of sweets between meals; if those in charge of children would and could discourage this habit, the children would suffer less." Earlier on the same page is emphasised " the great importance of minimising stagnation of sweet, sticky foods on and between the teeth." As a result of the Chief Education Officer's circular, visits were paid by myself to 12 Parent/Teacher Association meetings as widely separated as Ottery St. Mary,

Broadwoodwidger, St. Giles-in-the-Heath, Torrington, Marldon &c. Talks have also been given at 2 Welfare Centres and in 7 schools and at Rolle College, Exmouth. There is no doubt whatever as to the value of these talks, one of the most enjoyable was at Broadwoodwidger, where the Hall was reached down a long church path with the aid of a lantern and the power for the slides and film projector was supplied by a petrol engine.

Head Teachers often ask me if there are any products which they could sell instead of the sweet biscuits at present in vogue. The following paragraph is taken from a paper by G. J. Parfitt in the Journal of Dentistry for Children. " Finally, a special group of 66 Australian Children (Table 4) was examined in whom caries had been virtually eliminated by almost complete absence of sugar and finely ground flour from the diet. The children were given a diet composed mainly of wholemeal bread, *wholemeal biscuit*, wholemeal porridge, wheat germ, fruits (fresh and dried), vegetables (cooked and raw) and a small amount of meat, butter, cheese, eggs, milk, fruit juices *and nuts*. It can be seen that in this group occlusal caries has been even more reduced than interstitial caries." From this it would seem that there is a prima facie case for believing that such edibles as potato crisps, salted and roasted nuts and dried fruits such as raisins could be sold as being potentially less harmful to the teeth than sweet biscuits made from highly refined white flour.

Fluoridation

During World War II children from South Shields were evacuated to Westmorland and there the county dental officer seeing them in close association with his own rural children was most impressed by the excellence of their teeth. The attention of Dr. R. Weaver one of the Medical Officers of the then Board of Education, who was also dentally qualified, was called to this remarkable state of affairs and he carried out an investigation into the dental condition of children from South Shields where the water supply contained 1.4 p.p.m. of fluoride as compared with North Shields where the natural fluoride content of the drinking water was negligible. A careful statistical investigation amply confirmed the clinical observation of the dental officer from Westmorland. Of the twelve-year-olds in South Shields in 1943, 26.4 per cent were caries-free as compared with barely 5 per cent in North Shields and the average number of decayed teeth per child in South Shields was only about half that of the North Shields children. More remarkable still in 1949 in West Hartlepool (2 p.p.m. of fluoride) 60 per cent of the twelve-year-olds had naturally sound teeth and the average number of decayed teeth per child was rather less than one. Facts such as these, amply confirmed by epidemiological studies in the United States of America, Canada and other parts of the world,

pointing to the beneficial action of fluoride in the drinking water on the structure of the teeth, led to a demand to test the hypothesis that the controlled addition of fluoride to the extent of one part per million to the water supply would be equally beneficial. Such studies have now been in progress for over 15 years in the United States of America and Canada and the expected improvement in the children's teeth has been clinically demonstrated. In this country similar demonstrations have been in progress since the summer of 1956. As the ingestion of fluoride must cover the period of mineralization of the teeth little effect can be detected in periods of less than 5 years and so it may well be that " fluoridation " will become a live issue in the immediate years ahead. One of the most remarkable findings of natural fluoride areas of optimum concentration is the vastly superior condition of the upper incisor teeth; the findings of Dr. Weaver's 1943 Tyneside studies showed rather more than seven times as many decayed upper front teeth in the non-fluoride as compared with the fluoride area. Similar differences were reported by Trendley Dean in the United States of America. What this means in terms of aesthetic considerations can well be imagined. It is true that with *excess* of fluoride in the drinking water some objectionable discolouration of the teeth can occur, but this is not the case with concentrations of less than 2 parts per million. I have had two interesting experiences recently. One was a visit to the natural fluoride area in Slough (Bucks) where there is 0.9 parts per million fluoride in the water. There is no doubt whatever as to the excellence of the children's teeth and the quality of the enamel of the upper incisors is most impressive. The other occurred at Beer School in this county. During a visit to the school for some X-rays the dental officer called my attention to the extensive decay of the local children's teeth, causing him great difficulty from the point of view of conservation, but said that a family of four boys from Essex had recently entered the school and that their teeth were a joy to see, as not one of them had any decayed teeth and the arches were well formed. Seeing these boys, age range 5 to 10 years, confirmed his description and the oldest boy told me that they had all lived at Burnham-on-Crouch throughout their lives before coming to Devon. Burnham-on-Crouch is a natural fluoride area with over 3 parts per million fluoride in the water. Although 3 parts per million is excessive from the point of view of enamel formation none of these boys showed any mottling or discolouration which could be termed as objectionable. The question must then arise, can our knowledge of the value of fluorides in water be extended to other less fortunate areas. The answer is, of course, yes, but unfortunately organised opposition is aroused whenever this is mooted.

What then arouses opposition to fluoridation as a measure of control of dental caries? Apart from referring to fluoride as a "well

known poison." since in strong concentrations certain fluorides are used in pest control, the main objection is on the grounds of its being " compulsory mass medication " and " interference with the right to choose one's own medical and dental treatment." It is not, however, my purpose to argue on this score except to say that home defluoridation equipment is perfectly possible in the case of objectors and can easily be carried out by a modification to home water softening equipment. The whole point would seem to be whether or not we are to take advantage of the knowledge we now have of the role fluorides can play in the protection of teeth. It is perhaps comparable in some ways to the liming of calcium deficient soils in agriculture and horticulture. Where calcium is deficient in one area, calcium bearing rocks can be crushed and sometimes modified by burning and then applied to the soil where it is deficient. Where fluoride is deficient it can be obtained from rocks elsewhere treated so as to render it suitably soluble and then added to the water in controlled amounts as required; the 15 year tests in the United States of America and Canada have demonstrated beyond doubt that the effect is the same as naturally present fluoride. No harmful systemic effects have been observed which can be attributed to the action of the fluoride.

Clinics

No new dental clinics were opened during the year but two, namely those at Plympton and Brixham were nearing completion.

Orthodontics

The Orthodontic Scheme has continued under Mr. Peacock's guidance, individual dental officers, particularly Mr. Derbyshire, carrying out cases within prescribed limits, and in accordance with their own inclinations for this important work. Statistics are given in the tables in another section of this report.

Co-operation

As this is likely to be my last report as Principal School Dental Officer before retirement it remains for me to express my gratitude to the Education and Health Committees for the kind and considerate attention they have given to all proposals which I have made during my term of office; to my colleagues on the dental staff for their loyal co-operation, and on behalf of my colleagues and myself to our friends in the teaching profession for their help in carrying out our work; also to the Transport Officer, Mr. Broome, and Engineer-in-Charge of the Central Repair Depot, Mr. Creber, for their help in maintaining the fleet of six mobile dental clinics and for towing them from school to school as required and connecting up the water and electricity service

CHILD GUIDANCE SERVICE

During the year the Ministry of Education Circular 347 (together with the corresponding Ministry of Health Circular) was received commending to local education and health authorities and the Regional Hospital Board recommendations relating to Child Guidance in the Underwood Report published in November, 1955

At that time the School Health Sub-Committee gave most careful and detailed consideration to the recommendations of the Underwood Committee, and most of these have been implemented for some time or accepted in principle Amongst those implemented are:—

(1) Integration of the School Psychological Service with the work of the Child Guidance Clinics, the Child Guidance Service itself being an integral part of the School Health Service;

(2) the acceptance of referrals to Child Guidance Centres from all sources and of children under school age;

(3) close collaboration with family doctors and school medical officers (via reports from the psychiatrist) and with teachers (usually through personal contact with the Educational Psychologist)

The Circular stressed the need for close liaison between local education authorities and Regional Hospital Boards in planning the future development of the Service Discussions have taken place with the Hospital Psychiatrists, the Consultant Paediatrician and the Senior Administrative Medical Officer of the Regional Hospital Board The Minister now agrees that the arrangement whereby the local education authority provides the premises and employs the Psychologists and Psychiatric Social Workers and the Regional Hospital Board provides the service of the Psychiatrist is the most likely to secure the necessary co-operation with the Health and Education Services. The Regional Hospital Boards are agreed in principle that they should provide the Consultant Child Psychiatrist but at the moment, for financial reasons, are unable to do so.

The ratio of 1 to 2 to 3 as between Psychiatrist, Educational Psychologists and Psychiatric Social Workers recommended by the Underwood Committee was accepted in 1956 and also that two full teams were needed in Devon, but as an immediate aim $1\frac{1}{2}$ teams should be appointed. Three years later we are still far short of the $1\frac{1}{2}$ teams envisaged. It is hoped that next year the position will have improved.

The Sub-Committee also recommended that in view of the need for an extension of their preventive work in this field the establishment of Health Visitors/School Nurse should be increased over the next five years on the basis of six a year instead of three a year as

already approved, since this figure would be more in line with the real needs. This was agreed by the County Council at least for the next three years.

Our Child Guidance Centres at Exeter, Torquay and Barnstaple continue to function satisfactorily, but far more could be done with adequate staff. This has meant considerable pressure on the existing members of the team and it is felt that it would not be amiss if it is recorded here how much their efforts have been appreciated.

Whilst the East Devon Centre in Exeter has had more satisfactory accommodation since the beginning of 1958, staff have been working under great difficulties at Torquay and Barnstaple. It is pleasing to recall that at Barnstaple we have taken over a further " cottage " at Alexandra Road surplus to the Children's Committee requirements, and to report that towards the end of the year the house adjoining the Castle Road Clinic, Torquay, came on the market and was purchased. This will provide much needed space for Child Guidance activities and will also relieve the pressure on existing accommodation for the other services.

SPEECH THERAPY

Our Speech Therapy Service has again been handicapped by the shortage of staff. Throughout the year we have not been able to complete our establishment which has thrown a considerable amount of extra work on the remaining staff, and my thanks go to Miss Chapman and Miss McMillan who are full-time and Mrs. Fulford, Miss Blest and Mrs. Peel who are part-time for the very able way in which they have coped.

Arrangments have been made with the Hospital Management Committees for our therapists to carry out sessions with adults thereby enabling them to keep in touch with a different type of case from the school child, whilst helping the hospitals who also suffer from the dearth of therapists. This is a popular development and I feel is another contribution to better Hospital/Local Authority co-operation. Our establishment is now five full-time therapists of which the equivalent of one half-time therapist can be allocated against adult sessions.

It is hoped that the work with adults as well as children may act as an inducement and that we shall be able to fill vacancies, but at present although children are now attending at Clinics in groups and we have virtually ceased to call at homes it is inevitable that waiting lists should increase.

Full details of the defects or disorders are given in the appendix at the back of the report: 248 children were discharged during the year; 295 were under treatment at the end of the year with a waiting list of 258. The most common defects continue to be dyslalia and stammer.

HANDICAPPED PUPILS

Blind and Partially Sighted Children. Special education continues to be necessary for blind and partially sighted children and arrangements are made for the placement of these children at either the Royal School of Industry for the Blind, Bristol, or the West of England School for the Partially Sighted in Exeter. During the year four children were placed at special schools for the blind and two at special school for the partially sighted.

Deaf and Partially Deaf Children. The county is fortunate that the special school for the deaf is situated in Exeter and that there is a nursery class attached to the school for younger children. It is continually stressed that early education is essential for the very deaf child who may not be able to learn to speak or communicate with others and may therefore appear to be mentally retarded as a result. With the special Hearing Assessment Programme and the testing of all school children as well as the preliminary work done by Health Visitors in testing very young children it is hoped that no child with any considerable degree of deafness will go undetected and, where necessary, special education can be arranged for these children.

Educationally Sub-Normal Children. The provision of places for the educationally sub-normal child continues to be below demand Those children who require special education of this kind are often frustrated and become the source of difficulty in ordinary schools because they are out of their depth. One has only to note the tremendous improvement in the outlook of those children who are able to obtain places in the special schools and whose parents will consent to their attending to realise what can be done in the re-orientation of these children to normal and successful lives after they leave school. At present the number of places makes it difficult to arrange placement for the border line case. However, following discussions with the Ministry of Education it is hoped that there will be further provisions made for children with this handicap. A number of day special classes have already been established in the county and are proving very successful.

Maladjusted Children. There continues to be a demand for the placement of maladjusted children in the special hostels provided by the county from which they attend ordinary schools. There is also a demand for children to be placed in special schools and arrangements are made for such children to be placed in other parts of the country as there are insufficient numbers to justify any local provision being made. It is hoped that following a regional conference further provision may be made for maladjusted children in the south-west. The need applies particularly to boys as the number of girls requiring special placement is rather lower.

Delicate and Physically Handicapped Children. The special school at Steps Cross provides special education for day pupils in the Torbay area. During the year a new physiotherapy room has been built at the school and the hours of work of the Physiotherapist attending have been increased. The Ministry of Education has now agreed that when funds are available a hostel shall be provided at this school so that delicate or physically handicapped children from other areas in the county need not be placed outside the County of Devon for their education.

Oaklands Park. During the year 111 children have spent periods of convalescence at Oaklands Park. A new assistant to the Matron was appointed during the year and commenced work in November. The children continue to derive great benefit from their placement for periods of up to three months at this Home.

SCHOOL ACCOMMODATION AND HYGIENE

A number of major and minor improvements have been carried out in county schools during the year, details of which may be seen in Table XIII. Several of the Medical Officers have drawn attention to the difficulty of finding suitable accommodation to conduct medical inspections in school. Dr. Archer reports: " it is a pleasure to report that considerable improvement has been made in the cloakroom, lavatory and washing facilities in many of the schools in my area and more is planned. The schools are still very overcrowded, often two classes have to be taught temporarily in one class room in order to provide a room for any medical work that is done in schools. In the very few schools where a room can always be available without dislocation to normal school working, school medical work becomes an integral part of the life of the school, not an intermittent nuisance."

Dr. Hunt reports:—

" In respect of 17 schools I visited only 1 school had a properly designed medical inspection room. In the case of another school use was made of the school clinic premises nearby. In two other schools the medical examinations were carried out in the Head Teacher's room. In the remaining 13 schools a class room or portion of a class room was utilised. As there was only 1 school with a properly designed medical inspection room visits to the remaining 16 frequently caused some degree of inconvenience at the school"

It is realised that the difficulties of providing suitable accommodation for routine medical inspections in schools are the result of older schools where even Head Teachers may not have a separate room. In the new schools being provided in the county the difficulty is overcome by the provision of special medical inspection rooms in

the larger schools, and by ensuring that some suitable room will be available in small schools. School Medical Officers make the best of circumstances as they find them and acknowledge the help and co-operation of the teachers in solving the problem.

SCHOOL MEALS AND MILK

I am indebted to the Chief Education Officer for the following report on the School Meals and Milk Service.

" The number of kitchens in use during the year increased to a total of 281 as at the end of the year. This took into account school closures at Axminster Hamlets, Inwardleigh, Roborough and Whiddon Down, as well as the closure of the Girls' Grammar School Canteen at Tiverton due to a re-organisation in kitchen facilities in that area. The new kitchens opened during the year were Bideford Voluntary Primary Infants', Charleton Voluntary Primary, East Allington County Primary, Lamerton County Primary, Landscore Voluntary Primary and Malborough Voluntary Primary. In addition, the new Tavistock School was opened with its own kitchen.

Comparative statement showing number of children taking Milk and Meals

Maintained Primary and Secondary Schools

	September, 1958	*September*, 1959
Total number of schools	454	445
Number on Books	65,026	65,281
Meals		
Number present (day pupils only)	59,209	60,916
Number taking meals for full payment	32,985	34,851
Number taking meals for half payment	931	1,210
Number taking meals free	3,231	2,893
Total number taking meals	37,147	38,945
Percentage present taking meals	62.74%	63.95%
Milk		
Number present (including boarders)	59,556	61,206
Number drinking milk	48,025	48,707
Percentage present taking milk	80.64%	79.58%

Independent Schools

Meals		
Total number of schools receiving meals from School Meals Service		6
Number on Books		586
Number present		566
Number of meals supplied		132
Percentage present taking meals		22.32%
Milk		
Total number of schools receiving milk	130	121
Number on Books	10,716	10,663
Number present	10,293	10,272
Number drinking milk	8,808	8,747
Percentage present taking milk	85.57%	85.15%

PHYSICAL EDUCATION

The following report of the Physical Education organisers is included by courtesy of the Chief Education Officer.

General Physical Education

During the last twelve months steady progress has been maintained in all branches of physical education in the schools. At the time of the last report the training in the gymnasium in some of the girls' secondary schools was causing some anxiety. We considered that many students were leaving college with insufficient knowledge to teach safely and successfully. Concentrated courses for women teachers were held in six centres in the County with most beneficial results. On all sides there is a broader approach to this subject and it is gratifying to see that the work is often shared by several members of the staff.

In the Secondary Schools throughout the country there is a great shortage of women teachers of Physical Education. When we see our own unsatisfactory position we have to admit that in many parts of the country the position is far worse. At the end of the year there were thirteen vacancies for women P.E. teachers and in four schools we are using unqualified teachers. It is becoming increasingly difficult to get specialist teachers, and many posts have been advertised seven or eight times with no response. Much time has been given in helping teachers with little or no experience. On the boys' side, staffing is much easier. More teachers than usual left the County during the year, usually for appointments which carried special responsibility payments, with other authorities. Seven men teachers have recently taken P.E. appointments in the County, four straight from College, and in all cases except one they are three-year trained.

So far we have spoken of conditions and teachers in Secondary Schools where gymnasia and reasonably good playing fields are generally available. In Primary Schools there are few specialist teachers and practically everyone must take his own class. During the summer, conditions for physical education were wonderful. Most playground surfaces are reasonably good, small apparatus is generally plentiful, and we are glad to note that changing into suitable clothing for lessons is nearly universal. It has to be remembered, however, that during the winter months many teachers work under difficult conditions. From October to March, work is done in school or village halls, if these are available, or in classrooms with the desks moved to one side, or the training is not done at all. Excellent work can be done under difficult conditions, as was shown by the children who demonstrated at the B.A.O.L.P.E. Conference; one of the two schools concerned worked throughout the winter in

a classroom with desks stacked at the side for physical education lessons.

Very limited funds are available for helping Primary Schools to buy bigger pieces of climbing apparatus and to provide them with individual mats for use in the playground. Where climbing apparatus is available there is greater scope in a lesson; agility, strength and confidence are developed and the way is prepared for the use of the more complex apparatus available in the Secondary Schools.

We feel it was a great honour for the County to have a class of boys and a class of girls from one of our Secondary Schools, and the children from two of our smallest Primary Schools, giving the children from two of our smallest Primary schools, giving demonstration lessons for the Annual Conference of the B.A.O.L.P.E. in July. Much appreciation of the work was shown by members of the Association and many requests were made for us to make films of the lessons.

Teachers' Courses

Courses and demonstrations are useful for showing teachers good classes at work, for explaining new developments to them, and for the opportunities of discussing together their problems. Demonstrations for small groups of Secondary School teachers were held in a number of centres. Longer courses for teachers in Primary Schools were held in Paignton, Holsworthy, Okehampton, South Molton and Tiverton. Some 360 teachers attended. We found the teachers most co-operative and intend continuing with these courses.

The Devon P.E. Association organised One Day Courses at Torquay and Barnstaple. At both courses over two hundred attended, and at the Barnstaple meeting there was a most interesting lecture demonstration by the Producer of the B.B.C. Music and Movement programme.

Athletics

Athletics is a subject which is becoming increasingly popular in secondary schools and in many cases the standard reached is very creditable. The Schools Area Championships were held in Torquay, Tavistock and Bideford. Devon won the South West Championships in Bristol and took part in the National Championships in Northwich. Here the athletes did well, gaining two firsts, three thirds, four fifths and two sixth places. We were awarded seven standard medals. Devon children, unless subsidised by the school, had to pay their fares to Cheshire and to pay for their meals. They also bought the County badges used on their running vests.

No specialised training in athletics is done in the Primary Schools but most Head Teachers arrange Sports Days. Many small schools and some of the bigger schools take part in Area Sports Meetings. These meetings are well organised and the competition keen.

Cricket

We are pleased that cricket is not neglected in spite of the increasing interest in athletics. Cricket coaching sessions were organised for teachers in a number of centres, and during the Easter holidays twenty boys had intensive coaching at the indoor nets in Paignton under the Eagle Coaching Scheme. Two boys were selected for the E.S.C.A. Course at Lilleshall and two for the Eagle Coaching Course in London. Representative County Matches (15 Group) were played against Cornwall and Somerset but in both cases the opposing teams were too good for us. We were invited to stage the North v South (15 Group) Match in Torquay. The boys from the North seemed more mature and experienced and won easily.

Netball

It has been an important year as far as netball is concerned. The England v. South Africa Test Match was played at Torquay. The Devon Schools Team which played well throughout the season represented the West of England against Bristol at the Palace Court Hotel, watched by 1,200 spectators.

Association Football

An Association Football Coaching Course for teachers was held in Totnes during the summer holidays. Eight teachers were successful in gaining the Preliminary Coaching Award of the F.A. Two further courses were held later in the year for about eighteen teachers. The game for boys under 15 years of age in the County has long been governed by the Devon Schools Football Association. We have now formed the Devon Grammar Schools Football Association to look after the affairs of the older boys.

Sailing

There are 22 school boats on the South Devon Coast and these are supplemented by boats owned by individual pupils and staff. Sailing and seamanship tuition is usually done as an out-of-school activity at five centres—Exmouth, Babbacombe, Torquay, Paignton and Plymouth. Nine schools use these centres for practical sailing.

A number of Devon teachers attended a residential course in Plymouth during the Easter holidays. Three of the helmsmen

instructors on this course, which was for the South Western Counties, were Devon teachers. Sixteen teachers received instruction during practical sailing sessions in the Summer Term.

Swimming

1959 was an excellent year for swimming. Plans were well advanced for the construction of some pools, and the pools at two schools have been started and should be in use next year. A third pool is to be built ready for the 1960 season. This is a start, but many schools are anxious to build swimming pools and many more are needed. Standard plans have been prepared by the County Architect and it is hoped that grants will be available for five schools each year to build pools.

98 schools were tested for County Swimming Awards and the following certificates were gained:

Beginners	2160
Proficiency	392
Star Proficiency	96

M. M. Chetham
A. A. Brown

STAFF OF THE MEDICAL DEPARTMENT. Appendix 1.

County Medical Officer and Principal School Medical Officer.
W. J. Doyle, M.B., B.Ch., B.A.O., D.P.H., B.Sc., L.M.

Deputy County Medical Officer and Deputy Principal School Medical Officer.
D. E. Cullington, M.A., M.B., B.Chir., D.C.H., D.P.H.

Senior Medical Officer for Maternity and Infant Welfare.
F. Gloria Richards, M.R.C.S., L.R.C.P., D.(Obst.) R.C.O.G

Senior Medical Officer for Child Health.
I. Madeleine Pinkerton, M.B., B.CR., D.P.H. (from 5/10/59)

County Psychiatrist
W. Hinds, L.M.S.S.A., M.B., B.S., D.P.M.

Psychiatrist (Part-time)
H. S. Gaussen, M.R.C.S., L.R.C.P.

Senior County Dental Officer and Principal School Dental Officer.
J. Fletcher, L.D.S.

County Superintendent of Nursing and Supervisor of Midwives.
Miss L. Reynolds, S.R.N., S.C.M., H.V.C.

Superintendent Health Visitor
Miss M. Kelly, S.R.N., S.C.M., H.V.C. (to 30/9/59)
Miss E. L. Hunter, S.R.N., C.M.B. (Pt.I.), H.V.C. (from 1/12/59)

County Health Inspector: M. S. Powling, C.R.S.I., M.S.I.A.

Chief Clerk: H. T. Baldwyn.

County Ambulance Officer: R. P. Selley, D.P.A.

Home Help Organiser: G. P. Brooks, D.P.A., D.S.A.

Senior Social Worker in Mental Health: L. H. Jenkins, D.S.S., M.H. Cert.

Senior Occupational Therapist, Miss M. M. Keily, M.A.O.T.

Assistant County Medical Officers/School Medical Officers.

L. G. Anderson, M.D., Ch.B., D.P.H.
H. M. Davies, M.A., M.R.C.S., L.R.C.P., D.P.H.
F. T. Hunt, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H., D.I.H. (from 1/4/59)
R. C. MacLeod, M.D., D.P.H., D.T.M.&H.
D. K. MacTaggart, M.A., M.B., Ch.B., D.P.H.
R. B. Walker, M.R.C.S., L.R.C.P., D.P.H.
J. H. Wildman, M.R.C.S., L.R.C.P., D.P.H.
E. Williams, M.R.C.S., L.R.C.P., D.P.H. (from 1/10/59)

(Mixed Appointments)

N. E. R. Archer, M.A., D.M., B.Ch., D.P.H.
M. E. Budding, B.Sc., M.B., B.Ch., D.P.H.
T. J. Davidson, M.B., Ch.B., D.P.H., D.T.M.&H.
W. E. Denbow, B.Sc., M.R.C.S., L.R.C.P., D.P.H.
M. J. Dunn, M.B., Ch.B., (from 6/7/59)
D. M. Green, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
J. M. Hinde, M.A., B.M., B.Ch., D.R.C.O.G. (from 14/9/59)
J. S. Rogers, L.R.C.P., M.R.C.S.
L. Solomon, B.A., M.B., B.Ch., B.A.O., L.M., D.P.H., D.C.H
H. R. Vernon, T.D., M.B., Ch.B. (Retired 30/4/59)
M. C. H. Kingdon, M.B.E., M.A., M.B., B.Ch., M.R.C.S., L.R.C.P. (part-time).
J. M. MacTaggart, M.B., Ch.B., D.P.H. (part-time)
T. F. Rennie, M.B., Ch.B., D.P.H. (to 29/8/59)

School Ophthalmic Surgeons.

(*on staff of the Regional Hospital Board*)

M. L. Foxwell, M.R.C.S., L.R.C.P., D.P.H., D.C.H.
P. C. Chaturvedi, M.B., B.S., D.O. (from 10/9/59)
A. J. A. McCormick, M.B., Ch.B., F.R.C.S., D.O.M.S. (from 2/3/59)

Chest Physicians.

G. E. Adkins, M.B., B.Chir. (Cantab.)
W. E. B. Lloyd, M.R.C.S., L.R.C.P., D.P.H.
A. J. McMillan, M.R.C.S., (Eng.), L.R.C.P. (Lond.)
J. C. Mellor, M.B., B.Ch.

The Chest Physicians are on the staff of the Regional Hospital Board, but a portion of their time is devoted to prevention, care and after-care which remains the responsibility of the County Health Committee.

County Dental Officers/School Dental Officers.

G. H. S. Clarke, L.D.S.
A. T. Dally, L.D.S. (to 31/8/59)
G. C. Derbyshire, L.D.S.
J. L. Dickson, L.D.S. R.F.P.S.
H. W. Gibbs, L.D.S., R.C.S.
A. S. Peacock, L.D.S., D.D.O. (also part-time Orthodontist).
W. H. Phillips, L.D.S.
C. T. Pomeroy, L.D.S., R.C.S.
J. A. Pugh, L.D.S. (part-time).
S. M. Robb, B.D.S. (from 9/9/59)
B. J. Shapland, L.D.S.
J. E. B. Smith, L.D.S., R.C.S.
J. M. Steer, L.D.S., R.C.S.
J. K. Vowles, B.D.S.
F. M. Warren, B.D.S., L.D.S., R.C.S.
P. F. G. Whitfield, L.D.S., (also part-time Orthodontist) (to 31/3/59)
F. R. P. Williams, C.B.E., B.D.S., F.D.S.
W. H. Shapland, L.D.S., R.C.S. (part-time) (from 7/12/59)
C. G. Spiridion, F.D.S. (Part-time) (from 9/6/59)

MEDICAL OFFICERS OF HEALTH

Area	*District Councils*		*Medical Officers of Health*
1	B. Salterton	U.D.	L. G. Anderson, M.D., D.P.H.
	Exmouth	U.D.	
	St. Thomas	R.D.	
2	Ottery St. Mary	U.D.	R. C. MacLeod, M.D., D.P.H., D.T.M. & H.
	Sidmouth	U.D.	
	Honiton	M.B.	
	Seaton	U.D.	
	Axminster	R.D.	
	Honiton	R.D.	
3	Crediton	U.D.	N. F. Sawers, M.B., Ch.B.
	Crediton	R.D.	L. N. Jackson, B.A., D.M.
	Tiverton	M.B.	G. Nicholson, M.D., D.P.H., F.R.C.S.
	Tiverton	R.D.	
4	Barnstaple	M.B.	E. Williams, M.R.C.S., L.R.C.P., D.P.H. (from 1/10/59)
	Barnstaple	R.D.	
	South Molton	M.B.	
	South Molton	R.D.	
	Ilfracombe	U.D.	A. H. Morley, O.B.E., M.B., Ch.B., F.R.C.S., D.P.H.
	Lynton	U.D.	M. P. Nightingale, M.R.C.S., L.R.C.P.
5	Northam	U.D.	C. J. Carey, M.R.C.S., L.R.C.P.
	Bideford	M.B.	
	Gt. Torrington	M.B.	C. F. R. Briggs, M.B., B.S., M.R.C.S., L.R.C.P.
	Holsworthy	U.D.	S. Craddock, M.B., B.S., M.R.C.S., L.R.C.P.
	Bideford	R.D.	N. B. Betts, M.B., B.Chir., F.R.C.S., L.R.C.P.
	Torrington	R.D.	E. H. Walker, M.R.C.S., L.R.C.P., M.B., B.S.
	Holsworthy	R.D.	C. W. Evans, M.R.C.S., L.R.C.P.
6	Okehampton	M.B.	E. D. Allen-Price, M.D., D.P.H.
	Tavistock	U.D.	
	Broadwoodwidger	R.D.	
	Okehampton	R.D.	
	Tavistock	R.D.	
7	Salcombe	U.D.	R. B. Walker, M.R.C.S., L.R.C.P., D.P.H.
	Kingsbridge	U.D.	
	Kingsbridge	R.D.	
	Plympton St. Mary	R.D.	

MEDICAL OFFICERS OF HEALTH—*continued*

Area	*District Councils*		*Medical Officers of Health*
8	Dawlish	U.D.	H. M. Davies, M.A., M.R.C.S., L.R.C.P., D.P.H.
	Newton Abbot	U.D.	
	Teignmouth	U.D.	
	Newton Abbot	R.D.	
9	Torquay	M.B.	D. K. MacTaggart, M.A., M.B., Ch.B., D.P.H.
10	Totnes	M.B.	F. T. Hunt, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H., D.C.H., (from 1/4/59).
	Ashburton	U.D.	
	Buckfastleigh	U.D.	
	Totnes	R.D.	
11	Dartmouth	M.B.	J. H. Wildman M.R.C.S., L.R.C.P., D.P.H.,
	Brixham	U.D.	
	Paignton	U.D.	

TABLE I

MASS RADIOGRAPHY SERVICE

Number of Devon residents examined in routine surveys	23,831
Number of Devon residents examined in Exeter intensive campaign	10,003
Total ..	33,834

INCIDENCE OF DISEASE

		Routine Surveys	*Exeter Campaign*	*Total*
A.	*Pulmonary Tuberculosis*			
	Active	24	6	30
	Observation	71	23	94
	Inactive	207	18	225
	Previously diagnosed	17	12	29
		319	59	378
B.	*Non-tuberculous*			
	Asthma	6	—	6
	Bony abnormality	58	11	69
	Bronchitis and Emphysema	50	11	61
	Bronchial Carcinoma	7	3	10
	Other Malignant Meoplasms	3	1	4
	Benign Tumours	17	2	19
	Bronchiectasis	42	7	49
	Cardio-vascular lesions			
	Acquired	78	5	83
	Congenital	3	3	6
	Changes due to Pulmonary surgery ..	1	—	1
	Calcified glands of neck	1	—	1
	Congenital abnormality of lung ..	1	—	1
	Diaphragmatic abnormality	34	1	35
	Farmer's lung	—	1	1
	Foreign body in lung	2	—	2
	Haematoma of lung	1	—	1
	Old spontaneous pneumothorax ..	1	—	1
	Old polio	1	—	1
	Osteomyelitis of rib	1	—	1
	Pleural thickening	30	4	34
	Pneumonitis	51	4	55
	Pulmonary fibrosis	13	2	15
	Pneumoconiosis..	5	1	6
	Pulmonary embolisms	1	—	1
	Pleural effusion	2	1	3
	Sarcoidosis	3	4	7
	Thyroid enlargement	—	5	5
		412	66	478

AGE AND SEX ANALYSIS OF ACTIVE CASES OF PULMONARY TUBERCULOSIS

	—15	15—24	25—34	35—44	45—59	60+	Total
Male	1	3	3	2	4	1	14
Female	—	2	4	3	1	4	14
Total	1	5	7	5	5	5	28

TABLE II

CHEST HOSPITALS. DISEASE CLASSIFICATION ON ADMISSION

	Classification	Hawkmoor				Hawley			
		Males	*Females*	*Children*	*Total*	*Males*	*Females*	*Children*	*Total*
	Non-Tuberculous Thoracic Surgical	255	163	64	482	—	—	—	—
	Medical Non-Tuberculous	306	116	16	438	—	—	—	—
Pulmonary	Class R.A.1.	3	3	2	8	6	4	2	12
	,, R.A.2.	1	—	1	2	3	—	—	3
	,, R.A.3.	—	—	—	—	2	—	—	2
	,, R.B.1.	21	27	2	50	5	—	1	6
	,, R.B.2.	32	13	—	45	9	4	—	13
	,, R.B.3.	32	16	—	48	5	3	—	8
Non-Pulmonary	Class N.R.A.	—	1	2	3	2	1	—	3
	,, N.R.B.	6	3	—	9	—	—	—	—
	TOTAL	656	342	87	1085	32	12	3	47

Abbreviations: R.A. —tuberculosis negative (pulmonary)
R.B. —tuberculosis positive (pulmonary)
N.R.A.—tuberculosis negative (non-pulmonary)
N.R.B.—tuberculosis positive (non-pulmonary)
Numbers—stages of disease

TABLE III

The following Table gives the birth weight, place of birth, and the number of premature babies surviving in each group at the end of 28 days.

Weight at Birth	Premature Live Births. Total Notified 401.															Premature Still-Births		
	Born in Hospital			*Born at Home and Nursed entirely at Home*			*Born at Home and transferred to hospital on or before 28th day*			*Born in Nursing Home and nursed entirely there*			*Born in Nursing Home and transferred to hospital on or before 28th day*			Total Notified 63		
	Total	*Died within 24 hrs. of birth*	*Survived 28 days*	*Total*	*Died within 24 hrs. of birth*	*Survived 28 days*	*Total*	*Died within 24 hrs. of birth*	*Survived 28 days*	*Total*	*Died within 24 hrs. of birth*	*Survived 28 days*	*Total*	*Died within 24 hrs of birth*	*Survived 28 days*	*Born in Hospital*	*Born at Home*	*Born in Nursing Home*
3lb 4oz. or less	47	23	18	2	1	1	6	2	1	—	—	—	1	—	1	15	4	—
Over 3lb. 4ozs. up to and including 4lb. 6ozs.	70	9	60	1	—	1	10	5	5	—	—	—	—	—	—	16	7	—
Over 4lb. 6oz. up to and including 4lb. 15oz.	66	1	63	12	—	12	7	1	5	1	—	1	—	—	—	10	—	1
Over 4lb. 15oz up to and including 5lb 8oz.	139	1	135	34	1	33	3	1	2	2	—	2	—	—	—	9	—	1
Totals	322	34	276	49	2	47	26	9	13	3	—	3	1	—	1	50	11	2

MENTAL SUBNORMALITY

Notifications by the Education Committee under the Education Act, 1944 Section 57.

Sub.-Sect. 3	(Incapable of benefitting from education at School) ..	30
Sub.-Sect. 4	(Inexpedient to educate in association with others) ..	—
Sub.-Sect. 5	(Supervision recommended on leaving school) ..	45
	TOTAL ..	75

After their notification, 8 were admitted to hospital, 7 are now attending Occupation Centres, 7 are receiving Home Teaching, 41 were placed under Statutory Supervision, 11 under friendly guidance and 1 did not require assistance.

STATUTORY SUPERVISION

Placed under	74
Removed from	66
Total remaining under	451

All patients under Statutory Supervision are visited every six months, or more frequently if circumstances warrant it. Advice and help are given when necessary and every effort is made to find them employment suitable to their capabilities. Such patients are not permitted by Law under the Road Traffic Acts to hold Driving Licences.

CERTIFICATION UNDER THE MENTAL DEFICIENCY ACTS

Patients for whom Orders were made 21
(17 males and 4 females)

The new procedure of Informal Admission under the Mental Health Act, 1959, has resulted in fewer patients being admitted under Order.

INFORMAL ADMISSIONS

Mentally Subnormal patients admitted to Hospitals informally .. 273
(199 males and 74 females)

24 were new admissions and 249 were already in Hospital as Certified Mental Defectives, they were technically Discharged but remain under care on an informal basis.

TEMPORARY CARE

Mentally Subnormal patients admitted under the terms of Circular 5/52 46
(30 males and 16 females)

These were admitted for a period which did not usually exceed eight weeks, during which the relatives had some temporary relief. The Medical Superintendents endeavour to arrange such short stay care while other patients are absent on leave.

TRANSFERS

Mentally Subnormal patients who were transferred to other Hospitals 11
(8 males and 3 females)

Whenever possible, transfers are arranged to facilitate easier visiting by the relatives. Occasionally a patient's behaviour necessitates transfer to a Special Hospital.

AWAITING VACANCIES

Mentally Subnormal patients still awaiting admission 54
(38 males and 16 females)

Of this total, 23 are urgentca ses for whom the South Western Regional Hospital Board are endeavouring to secure accommodation outside Devon.
The number awaiting beds has increased by 5, although there were 45 admissions during the year.

ABSCONDED AND APPREHENDED 5

Such patients usually come to the notice of the Police. The Hospital concerned then arranges for the patient to be returned to their care.

DISCHARGES

Patients discharged from the provisions of the Acts 288
(208 males and 80 females)

249 remain in Hospital on an informal basis, and 39 are employed in the Community under the supervision of the Social Workers.

DEATHS (11 males and 10 females) 21

DEVON COUNTY MENTALLY SUBNORMAL PERSONS WHO ARE PATIENTS IN HOSPITALS

Institutions	*MALES*		*FEMALES*		*TOTAL*
	Certified	*Informal*	*Certified*	*Informal*	
Botley's Park Hospital, Chertsey, Surrey	—	1	—	—	1
Calderstone, Whalley, Lancs.	1	1	—	—	2
Coldeast Colony, Southampton	—	—	—	1	1
Darenth Park Hospital, Dartford, Kent	—	—	—	1	1
Fountain Hospital Group, London	—	1	—	—	1
Hailsham Hospital Group, Lewes, Sussex	—	1	—	—	1
Hensol Castle Hospital, Pontyclun, Glam.	—	—	1	—	1
Hortham Hospital Group, Almondsbury, Bristol	8	2	1	2	13
Leavesden Hospital, Watford, Herts.	—	—	1	1	2
Leybourne Grange Hospital Group, W. Malling	—	—	—	1	1
Monyhull Hall Colony, Kings Heath, Birmingham	—	1	—	—	1
Moss Side Special Hospital, Maghull, Liverpool	6	—	2	—	8
Northgate Hospital, Morpeth, Northumberland	—	—	—	1	1
Rampton Special Hospital, Nr. Retford, Notts.	10	—	11	—	21
Royal Earlswood Institution, Redhill, Surrey	—	3	—	1	4
R.W.C.I. Starcross	128	284	176	167	755
Sandhill Park Hospital Group, Bishops Lydeard	10	—	9	1	20
St. George's Hospital, Semington, Wilts.	—	1	—	—	1
St. Lawrence Hospital, Caterham, Surrey	—	1	—	—	1
St. Mary's Home, Alton, Hants.	—	—	2	—	2
Stoke Park Hospital Group, Bristol	21	—	12	—	33
Winestead Hall Hospital, Patrington, Hull	1	1	—	—	2
	185	297	215	176	873

With the exception of those in the Special Hospitals, patients accommodated outside the South West are there at the request of relatives who are no longer resident in Devon.

ON LICENCE

Devon County Certified Mentally Subnormal Patients out " On Licence " from Hospitals 34
(10 males and 24 females)
Those " On Licence " supervised by the Social Workers 8

REPORTS FOR THE VISITING JUSTICES

Devon County Certified patients due for reconsideration by the Visiting Justices for whom Home Condition Reports were submitted 71
Other Authorities' Certified patients whose families are now resident in Devon on which Reports on Home Conditions were obtained 7

GUARDIANSHIP

Devon patients 10
Other Authorities' patients now living in Devon and supervised by the Social Workers 6
The 21 patients under Guardianship were examined during the year by the County Psychiatrist. On his recommendation 6 were discharged and placed under Voluntary Supervision. One new patient was placed under Guardianship.
A Clothing Allowance of up to £10 per annum is made to 6 Devon patients.
Total patients remaining under Guardianship in the County .. 16

MEDICAL EXAMINATIONS

Mentally Subnormal patients examined by the County Psychiatrist 32

VOLUNTARY SUPERVISION

Placed under 111
Removed from 72
Total remaining under 414
Unless the circumstances warrant closer contact, these patients are usually visited once a year, the frequency of visiting being at the discretion of the Social Worker concerned. The majority of these patients are employed and live useful lives within the community.

VISITS

Visits by Social Workers in connection with mentally subnormal patients 4244

HOME TEACHING

	Pupils	*Lessons Given*
North Devon (Miss J. M. Gray)	28	427
South Devon (Miss B. M. Dunstan)	35	757
East Devon (Mrs. P. A. Wright)	48	940
West Devon (Miss L. L. Hawkey)	31	279
	142	2403

The Home Teacher for North Devon was required to devote several weeks at Barnstaple Occupation Centre because of the illness of the Supervisor and the Assistant. She was unable, therefore, to give the usual number of lessons. Miss Chesnutt was appointed Social Worker during the Year, and we were fortunate in obtaining an immediate successor in Miss Gray.

OCCUPATION AND TRAINING CENTRES

	Pupils	*Half-day Sessions*	*Attendances*
Barnstaple	28	380	7648
*Exeter	6	383	1761
†Ilminster	1	380	158
Plymstock	15	342	3930
Torbay	31	380	3784
	81	1865	17281

* By arrangement with Exeter City Council.

† By arrangement with Somerset County Council.

On the 12th June, 1959, the new Centre at " Mayfield," Paignton, was declared open by Lord Stonham, who complimented the Committee on the provision of such admirable premises for the training of mentally subnormal children in the Torbay area.

The economical transport of pupils and escorts presents special problems in the rural areas because of the mileage involved. The costs increase greatly as the radius from the Centre is extended and the unpredictable behaviour of some of the pupils often precludes the use of the public or school transport. Nevertheless additional places have been provided for another 11 children during the Year. Plans are being prepared for a modern Centre and Hostel to replace the use of the Church Hall now rented at Plymstock.

COURTENAY (R.W.C.I.) SCHOOL, STARCROSS

An arrangement has been made with the Medical Superintendent by which 2 boys and 1 girl from the Dawlish/Teignmouth area and 2 boys from Exminster village attend the Courtenay School as day pupils. Transport is provided by this Department.

MENTAL ILLNESS

Devon Patients admitted to Mental Hospitals (Digby-Wonford, Exminster, Moorhaven)

Voluntary	Mental Treatment Act, 1930, Sect. 1	705
	(Private)	16
Informal	Mental Health Act, 1959, Sect. 5	190
	(Private)	8
Temporary	Mental Treatment Act, 1930, Sect. 5	3
	(Private)	1
Urgency	Lunacy Act, 1890, Sect. 11	—
Observation	Lunacy Act, 1890, Sect. 20	294
	Lunacy Act, 1890, Sect. 21	10
Certified	Lunacy Act, 1890, Sect. 16	32
	(Private)	—
	TOTAL	1259

Admissions of Devon patients to Mental Hospitals has increased by 11.4% since last year.

On the 6th October, 1959, the Minister of Health implemented Sect. 5 of the Mental Health Act, 1959, under which patients could be admitted to any Hospital

informally. Already there is evidence that this provision is meeting with pubilc approval.

Social Workers' visits in connection with admissions 1652

TRANSFERS

Devon patients transferred to Mental Hospitals outside the County 1

DEATHS

Devon patients who died in Mental Hospitals 188
This is an increase of 2.7% over last year.

DISCHARGES

Devon patients who left Mental Hospitals 1085
This is an increase of 9.8% over last year.

AFTER-CARE

Visits made to discharged patients 3079
Current After-Care cases.. 592
According to their needs, patients are encouraged to attend the Psychiatric Out-Patient Clinics organised by the Regional Hospital Board and in many instances they are conveyed by the Social Workers. These Out-Patient Clinics are held several times weekly at Axminster, Barnstaple, Bideford, Exeter, Newton Abbot, Plymouth and Torquay.

ADVISORY CASES

Cases in which advice was given 901
Visits made in an advisory capacity 1515
Current advisory cases 88

MISCELLANEOUS

Other visits made for sundry purposes 1654

GENERAL

I am very pleased to report that the Medical Superintendents of all the Hospitals in Devon concerned with the care, treatment and training of the Mentally Disordered have each agreed to exchange ideas with the Social Workers at Staff Meetings.

This will ensure even closer co-operation between the staffs of the Hospitals and ourselves.

A revision of areas was made when the three additional Social Workers commenced duty on 1st September, 1959. This has relieved the pressure of work on some of the field staff.

REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS

	CAUSES OF DISABILITY					
(i) Nun ber of cases registered during the year in respect of v hich, in Form B.D.8, Section F (1 & 2) recommends:	*Cataract*	*Glaucoma*	*Cataract and Glaucoma*	*Senile Macular Degeneration*	*Others*	*Total registered during year*
BLIND (a) No treatment	17	3	—	20	34	
(b) Treatment or re-examination	24 (see Note A)	16 (see Note B)	12 (see Note C)	1	35 (see Note D)	
TOTALS	41	19	12	21	69	162
PARTIALLY SIGHTED (a) no treatment	—	—	—	—	3	
(b) Treatment or re-examination	20 (See Note E)	8	6 (see Note F)	4	19 (See Note G)	
TOTALS	20	8	6	4	22	60
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment:—						
BLIND	7	13	10	1	31	
PARTIALLY SIGHTED	8	8	5	4	15	

NOTES:—A. In two of these cases operations were recommended, but were refused by the blind person. In six other cases the general physical condition prevented operation, and in seven cases the blind person died before treatment could be given. Two cases are pending.

B. In two cases the general physical condition prevented treatment and in one case the blind person died before treatment could be given.

C. In two cases the general physical condition prevented treatment.

D. In one case treatment is pending. In one case the blind person refused operation and in two cases the general physical condition prevented treatment.

E. In two of these cases operations recommended were refused. In three other cases the general physical condition prevented operation and in one case the blind person died before treatment could be given. Six cases are pending.

F. In one case the general physical condition prevented treatment.

G. In one case the general physical condition prevented treatment and in three cases treatment is pending.

TABLE VI

SCHOOL MEDICAL INSPECTION

A.—PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of birth)	*No. of Pupils inspected*	*Physical Condition of Pupils Inspected*			
		Satisfactory		*Unsatisfactory*	
		No.	% of Col. 2	*No.*	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1955 and later	93	92	99	1	1
1954	3287	3279	99	8	1
1953	2424	2404	99	20	1
1952	712	704	99	8	1
1951	2407	2399	99	8	1
1950	2464	2444	99	20	1
1949	1124	1118	99	6	1
1948	1708	1697	99	11	1
1947	3029	3011	99	18	1
1946	1873	1855	99	18	1
1945	1518	1507	99	11	1
1944 and earlier	3728	3718	99	10	1
TOTAL	24367	24228	99.44	139	0.56

B.—OTHER INSPECTIONS

Number of Special Inspections	207
Number of Re-inspections	4,501
TOTAL ..	4,708

C.—PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS

(excluding Dental Diseases and Infestation with Vermin)

Notes:—Pupils found at Periodic Inspections to require treatment for a defect are not excluded from Table C by reason of the fact that they were already under treatment for that defect. Table C relates to individual pupils and not to defects. Consequently, the total in column (4) will not necessarily be the same as the sum of columns (2) and (3).

Age Groups Inspected (By year of birth) (1)	*For defective vision (excluding squint)* (2)	*For any of the other conditions recorded in Part II* (3)	*Total individual pupils* (4)
1955 and later	2	12	13
1954	30	173	190
1953	12	148	154
1952	7	44	47
1951	31	106	131
1950	31	121	143
1949	12	40	50
1948	21	54	73
1947	78	125	184
1946	81	129	190
1945	42	67	97
1944 and earlier	57	122	175
TOTAL	404	1141	1447

Table VII

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1959

NOTE:—All defects noted at medical inspection as requiring treatment are included in this return, *whether or not this treatment was begun before the date of the inspection.*

Defect Code No.	*Defect or Disease*	Periodic Inspections		Special Inspections	
		No. of defects		*No. of defects*	
		Requiring treatment	*Requiring to be kept under observation but not requiring treatment.*	*Requiring treatment*	*Requiring to be kept under observation but not requiring treatment.*
	(1)	(2)	(3)	(4)	(5)
4	Skin	150	474	7	7
5	Eyes—*a.* Vision	404	806	11	5
	b. Squint	139	214	3	3
	c. Other	70	159	3	1
6	Ears—*a.* Hearing	46	339	4	7
	b. Otitis Media	39	161	2	4
	c. Other	17	93	—	—
7	Nose or Throat	165	1,380	1	21
8	Speech	89	349	9	8
9	Lymphatic Glands	12	778	—	6
10	Heart	9	190	8	3
11	Lungs	55	430	30	10
12	Developmental—				
	a. Hernia	22	45	—	2
	b. Other	41	209	1	2
13	Orthopaedic—				
	a. Posture	65	278	14	9
	b. Feet	98	324	4	3
	c. Other	95	603	15	14
14	Nervous system—				
	a. Epilepsy	20	36	1	2
	b. Other	15	157	5	7
15	Psychological—				
	a. Development	20	216	1	5
	b. Stability	32	303	3	10
16	Abdomen	4	24	—	—
17	Other	38	297	—	—

Table VIII

INFESTATION WITH VERMIN

(i)	Total number of examinations in the schools by the school nurses or other authorized persons	132,275
(ii)	Total number of *individual* pupils found to be infested	338
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	50
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	1

TABLE IX

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

GROUP 1.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases dealt with *
External and other, excluding errors of refraction and squint	552
Errors of refraction (including squint)	8,673
Total	9,225
Number of pupils for whom spectacles were prescribed	2,861

*These figures represent those from the three Ophthalmic Surgeons of the County Eye Service on the staff of the S. W. R. H. B.

GROUP 2.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases treated
Received operative treatment	
(*a*) for diseases of the ear	Not Known
(*b*) for adenoids and chronic tonsilitis	—
(*c*) for other nose and throat conditions	—
Received other forms of treatment	—
Total number of pupils in schools who are known to have been provided with hearing aids by the Authority	
(*a*) in 1959	3
(*b*) in previous years	16

GROUP 3.—ORTHOPAEDIC AND POSTURAL DEFECTS

Number treated in clinics or out-patient departments	Treatments included with "other treatments" — no separate figures available.

GROUP 4.—DISEASES OF THE SKIN (excluding uncleanliness, for which see Table VIII).

	Number of cases treated or under treatment during the year
Ringworm—(i) Scalp	Not known, but 4 treatments done
(ii) Body	,, ,, ,, 7 ,, ,,
Scabies	,, ,, ,, 3 ,, ,,
Impetigo	,, ,, ,, 334 ,, ,,
Other skin diseases	,, ,, ,, 2975 ,, ,,
Total	,, ,, ,, 3319 ,, ,,

GROUP 5.—CHILD GUIDANCE TREATMENT

Number of pupils treated at Child Guidance Clinics under arrangements made by the authority	570

GROUP 6.—SPEECH THERAPY

Number of pupils treated by Speech Therapists under arrangements made by the Authority	543

GROUP 7.—OTHER TREATMENT GIVEN

(*a*) Number of cases of miscellaneous minor ailments treated by the Authority	Not known, but 11256 treatments done
(*b*) Pupils who received convalescent treatment under School Health Service arrangements	—
(*c*) Pupils who received B.C.G. vaccination	3993
(d) Other than (*a*), (*b*) and (*c*) above (specify) Pupils with minor ailments of E.N.T.	349
.....	—
.....	—
.....	—
.....	—
Totals (*a*)—(*d*)	15598

TABLE X.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.

(1)	Number of pupils inspected by the Authority's Dental Officers:		
	(*a*) At Periodic Inspections		36,743
	(*b*) At Specials		2,407
		Total (1)	39,150
(2)	Number found to require treatment		23,329
(3)	Number offered treatment		16,607
(4)	Number actually treated		12,381
(5)	Attendances made by pupils for treatment (including 11(*h*) below)		33,861
(6)	Half-days devoted to: Periodic (School) Inspection and Treatment (incl. Orthodontics		6,335
(7)	Fillings: Permanent Teeth		20,472
	Temporary Teeth		3,303
		Total (7)	23,775
(8)	Number of teeth filled: Permanent Teeth		17,815
	Temporary Teeth		3,133
		Total (8)	20,948
(9)	Extractions: Permanent Teeth		3,451
	Temporary Teeth		8,720
		Total (9)	12,171
(10)	Administration of general anaesthetics for extraction		2,886
(11)	Orthodontics :		
	(*a*) Cases commenced during the year		381
	(*b*) Cases carried forward from previous year		441
	(*c*) Cases completed during the year		228
	(*d*) Cases discontinued during the year		103
	(*e*) Pupils treated with appliances		388
	(*f*) Removable appliances fitted		349
	(*g*) Fixed appliances fitted		11
	(*h*) Total attendances		4,133
(12)	Number of pupils supplied with artificial dentures		84
(13)	Other operations: Permanent Teeth		12,946
	Temporary Teeth		2,635
		Total (13)	15,581

TABLE XI

SPEECH CLINICS

	Discharged during year:	*Under Treatment at end of Year:*	*Awaiting Treatment:*	*Total:*
East Devon:				
(Miss Chapman)	40	34	54	128
(Mrs. Peel)	37	38	13	88
North Devon:				
(Miss Chapman)	22	26	69	117
South West Devon:				
(Mrs. Fulford)	35	53	38	126
(Miss Blest)	40	28	6	74
Torbay:				
(Miss Macmillan)	74	116	78	268
Total	248	295	258	801

B. **TYPES OF SPEECH DEFECT OR DISORDER DEALT WITH** (in respect only of children discharged).

Aphasia	1
Cleft Palate	4
Dysarthria	11
Dyslalia	166
Dysphonia	4
Hearing Defect	3
Stammer	50
Others	17

(Note: Some children had more than one defect)

TABLE XII
HANDICAPPED PUPILS

	(1) *Blind* (2) *Partially Sighted*		(3) *Deaf* (4) *Partially Deaf*		(5) *Delicate* (6) *Physically Handicapped*		(7) *Educationally sub-normal* (8) *Maladjusted*		(9) *Epileptic*	*Total* (1-9)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
A. Children *newly placed* in Special Schools or Boarding Homes	4	2	2	4	9	23	56	19	—	119
B. Children *newly assessed* asneeding special educational treatment at Special Schools or in Boarding Homes..	2	2	3	2	7	18	58	13	—	105
C. (i) Children on the registers of maintained special schools as										
(a) Day Pupils	—	—	3	3	14	56	4	—	—	80
(b) Boarding Pupils ..	—	—	—	—	1	—	182	—	—	183
Children on the Registers of non-maintained special schools as										
(a) Day Pupils ..	—	2	1	4	—	—	—	—	—	7
(b) Boarding Pupils ..	22	16	22	3	4	25	—	1	5	98
(ii) Children on the registers of independent schools under arrangements made by the Authority ..	—	—	1	2	7	6	7	11	1	35
(iii) Children boarded in Homes and not already included in (i) or (ii)	—	—	—	—	2	—	—	22	—	24
Total (C) ..	22	18	27	12	28	87	193	34	6	427
D. Children being educated under arrangements made under Section 56 of the Education Act,1944										
(i) in hospitals ..	—	—	—	—	—	—	—	—	—	—
(ii) in other groups *e.g.* units for spastics	—	—	—	—	—	—	—	—	—	—
(iii) at home ..	1	1	1	1	3	9	2	—	1	19
E. Children requiring places in special schools										
(i) Total (a) Day ..	—	—	—	—	—	1	10	—	—	11
(b) Boarding	—	3	1	1	1	10	198	2	1	217
(ii) Children (included above) who had not reached the age of 5										
(a) awaiting day places	—	—	—	—	—	—	—	—	—	—
(b) awaiting boarding places	—	1	—	—	—	4	—	—	—	5
(iii) who had reached the age of 5 but whose parents had not consented to their admission to a Special School ..										
(a) awaiting day places	—	—	—	—	—	1	—	—	—	1
(b) awaiting boarding places	—	1	1	—	1	—	127	—	1	131

F. On registers of hospital special schools 4

Children reported to the Local Health Authority :

(a) Under Section 57 (3) (excluding any returned under (b)) 30
(b) Under Section 57 (3) relying on Section 57 (4) .. —
c) Under Section 57 (5) of the Education Act, 1944 50

TABLE XIII

IMPROVEMENTS TO OFFICES, SANITATION, ETC., CARRIED OUT DURING THE YEAR ENDED 31st DECEMBER, 1959

County Primary Schools:

Barnstaple Gaydon Street	Hot water supplies to basins.
Beaford	Improvements to Offices, additional fittings and improvements to cloakrooms.
Bideford East the Water	Hot water supplies to basins.
Bow	Mains water supply.
Bradford	Hot water supplies to basins.
Chulmleigh	Additional basins and hot water supplies.
Dartmouth	New Boys Offices, Staff cloakroom, and additional basins.
Huccombe	Mains water supply to House.
Ilfracombe	Hot water supplies to basins.
Milton Damerel	Mains water supply.
Modbury	Improvements to Offices.
Musbury	Conversion of Offices to water carriage.
Plympton	Hot water supplies to basins.
Plymstock: Oreston	New slabbed urinals etc.
St. Giles in the Heath	Hot water supplies to basins.
Sandford	Hot water supplies to basins.
Seaton	Hot water supplies to basins.
Stoke Gabriel	Additional wash basins and hot water supplies
Teignmouth	Improvements to Boys Offices.
Tiverton Bampton Street	Hot water supplies to basins.
Topsham	Improvements to Offices.
Torquay Barton Junior	Improvements to Offices.
Torquay: Cockington	Forming Staff lavatory.
Uffculme	Hot water supplies to basins. Provision of Staff lavatory.
Wembworthy	Additional basins and hot water supplies. Improvements to cloakrooms.
Werrington	Mains water supply.
Widecombe-in-the-Moor	Hot water supplies to basins.
Woolfardisworthy West	Mains water supply.
Yeoford	Hot water supplies to basins.

Voluntary Primary Schools:

Barnstaple St. Mary's	Improvements to W.C's. and Offices.
Berry Pomeroy	Mains water supply.
Bideford Junior	Hot water supplies to basins.
Clyst Honiton	Conversion of Offices to water carriage.
Exmouth: Littleham	Additional W.C's. and wash basins.
Goodleigh	Improvements to cloakrooms and sanitary accommodation.
Holiwell	Hot water supplies to basins.
Kingskerswell	Improvements to Boys Offices.
Newton Abbot: Bearnes	Replacement of old trough W.C's.
Offwell	Hot water supplies to basins.
Torquay: Torwood	Improvements to Urinals.
Totnes	Provision of Staff Cloakroom, provision of additional basins.

Grammar Schools:

Crediton High School ..	Forming changing rooms and showers.
Newton Abbot	Hot water supplies to basins.
Teignmouth	Improvements to Showers.
Torquay Boys	Hot water supplies to basins.

County Secondary Schools:

Chagford	Hot water supplies to basins.
Chulmleigh	Hot water to Staff cloakrooms.
Dawlish	Hot water supplies to basins, new slabbed urinals.
Exmouth Girls	Improvements to Showers.
Honiton	Hot water supplies to basins.
Newton Abbot Boys ..	Improvements to Offices.
Totnes	Additional wash basins and hot water supplies.

TABLE XIV

SCHOOL CLINICS

Town	*Address*	*Phone No.*	*Type of Clinic*	*½-day Sessions*		
				Week	*Fort-night*	*Month*
Appledore ..	Appledore Hall		Minor Ailment .. .			1
Ashburton ..	Council School		Minor Ailment	1		
Axminster ..	Secondary Modern School	2146	Minor Ailment	1		
	,, ,, ,,		Dental	1		
	Plaza Cinema	2123	Vision			½
	Hut, Axminster Hospital		Speech		1	
Barnstaple ..	19 (b) Alex. Road ..	3549	Minor Ailment	5		
	,, ,, ..		Dental (whole-time) ..		21	
	,, ,, ...		Speech	3		
	,, ,, ...		Vision			1½
	19 (c) ,, ...		Child Guidance ..	2		
Bere Alston ..	The School		Speech	1		
Bideford ..	Coronation Road ..	1121	Minor Ailment	1		
	,, ,, ..		Dental (part-time) ..	4		
	,, ,, ..		Speech	2½		
	,, ,, ..		Vision			1
	C. of E. Institute . ..		Minor Ailment	1		
Braunton ..	Parish Hall		Minor Ailment	1		
Brixham ..	Church House, Bolton Street..		Minor Ailment	1		
	,, ,, ,,		Vision			1
	Drew St. School		Dental	1		
	,, ,, ,, ...		Speech	1		
Buckfastleigh	Council School	3104	Minor Ailment			3
Budleigh Salterton	Church Institute		Minor Ailment		1	
Colyton ..	Youth Club, High Street		Minor Ailment		1	
	,, ,, ,, ,,		Speech		1	
Combe Martin	Town Hall		Minor Ailment		1	
Crediton ..	Newcombes	449	Minor Ailment ..	1		
	,, ,, ...		Dental (part-time) ..	4		
	,, ,, ...		Speech	1		
	,, ,, ...		Vision			½
Cullompton ..	Baptist Chapel Schoolrooms		Speech		1	
Dartmouth ..	Mayors Avenue	245	Minor Ailment	1		
	,, ,, ...		Dental ..		1	
	,, ,, ...		Speech	1		
	,, ,, ...		Vision			1
Dawlish ..	The Knowle, Barton Road	3356	Minor Ailment		1	
	,, ,, ,, ,,		Vision			½
	,, ,, ,, ,,		Speech		1	
Exeter ..	Alice Vlieland Centre ..	54685	Dental (part-time Orthodontic) ..		1	
	,, ,, ,, ..		Vision			1
	Royal Devon & Exeter Hospital	2261 & 59261	Dental (part-time) ..		1	
	49 Polsloe Road		Child Guidance ..	4		
	,,		Speech	2		
	City Hospital		Speech	2		
Exmouth ..	St. Clements, 142 Exeter Road	2610	Minor Ailment	3		
	,, ,, ,, ..		Dental (part-time) ..	7		
	,, ,, ,, ..		Speech	2		
	,, ,, ,, ..		Vision			½
	,, ,, ,, ..		Orthodontics			1
Fremington ..	Parish Church Hall ..		Minor Ailments.. ..			1

Town	Address	Phone No.	Type of Clinic	½-day Sessions Week	Fort-night	Month
Holsworthy ..	Chapel Street Schoolroom		Minor Ailment			1
	,, ,, ,,		Vision			1
	Secondary Modern School	30	Speech	1		
Honiton ..	Secondary Modern School	283	Minor Ailment	1		
	,, ,, ,,		Dental	1		
	,, ,, ,,		Vision			½
	Mill Street		Speech		1	
Horrabridge ..	Church Rooms		Minor Ailment		1	
Ilfracombe ..	4 Market Street	758	Minor Ailment	5		
	,, ,, ...		Vision			½
	,, ,, ...		Dental (part-time) ..	3		
Ivybridge ..	Methodist Sunday School Room		Minor Ailment		1	
Kingsbridge ..	Tresillian	2280	Minor Ailment	1		
	,, ...		Vision			1
	,, ...		Dental (part-time) ..	3		
	,,		Speech	1		
	Co. Primary School ..	2009	Remedial Exercises ..	1		
Lifton.. ..	Methodist Church Rooms		Minor Ailment			1
	The School		Speech	1		
Lynton ..	Jubilee Hall		Minor Ailment		1	
Morchard Bishop ..	Memorial Hall		Minor Ailment			1
Newton Abbot	Glencoe, Courtenay Park	377	Vision		1	
	,, ,, ,,		Speech	2		
	,, ,, ,,		Dental (whole-time) ..		21	
Newton Abbot	Highweek C.P.		Speech			4
Northam ..	Church Hall		Minor Ailment		1	
Okehampton..	Fairplace Methodist Rooms		Minor Ailment		1	
	,, ,, ,,		Speech	2		
	,, ,, ,,		Vision			1
Paignton ..	Central Clinic, Midvale Rd.	27555	Consultation		1	
	,, ,, ,,		Vision			2
	,, ,, ,,		Dental (part-time) ..	6		
	,, ,, ,,		Speech	3		
Plympton ..	Harewood House ..		Minor Ailment ..	1		
	Secondary Modern School	2297	Speech	1		
	,, ,, ,,		Vision			1
	Woodford C.P.		Speech	½		
	St .Maurice Co. Primary School		Dental (part-time) ..		1	
Plymstock ..	Secondary Modern School	3327	Minor Ailment	1		
	,, ,, ,,		Vision			1
	,, ,, ,,		Dental (part-time) ..	5		
	,, ,, ,,		Speech	1		
	,, ,, ,,		Remedial & Breathing Exercises	1		
Roborough	Recreation Hut ..		Minor Ailment ..			1
	Maristow Sp. School ..		Speech	1½		
Seaton ..	Women's Institute ..		Minor Ailment ..		1	
Sidmouth ..	St. Nicholas School ..		Minor Ailment .. .	1		
	,, ,, ..		Vision			½
	Woolbrook S.M. ..		Minor Ailment	1		
	,, ,, ..		Dental		1	
	Manstone Ave. School		Speech	1		
Sticklepath	Church Hall		Minor Ailment ..			1

Town	*Address*	*Phone No.*	*Type of Clinic*	*½-day Sessions*		
				Week	*Fort-night*	*Month*
St. Giles-in-the-heath	The School		Speech	1		
South Molton	99 East Street		Minor Ailment		1	
	" "		Speech		1	
	" "		Vision			½
	" "		Dental (part-time)	2		
	Secondary Modern School	29	Minor Ailment	1		
Tavistock	Crown Dale Road		Minor Ailment			4
	" " "		Vision			1
	" " "		Speech	2		
	" " "		Dental	1		
Teignmouth	Teignmouth Hospital (Out-patients Dept.)		Vision			½
Tiverton	St. Andrew Street	2708	Minor Ailment	1		
	" "		Dental (part-time)	5		
	" "		Speech	1½		
	" "		Vision			½
	" "		Orthodontics	1		
Tipton St. John	Angela Home		Speech	1		
Torquay	Castle Road Clinic	4152	Minor Ailment	5		
	" " "		Speech	2		
	" " "		Dental (whole-time)	15		
	" " "		Vision	1		
	" " "		Child Guidance	4		
	Barton Clinic	87274	Minor Ailment	5		
	" "		Dental (whole-time)		21	
	" "		Speech	1		
	West Hill School	87090	Minor Ailment	5		
	Steps Cross School		Speech	1		
Torrington	Church House, New Street		Minor Ailment	1		
	" " "		Speech	1½		
	Secondary Modern School	2186	Vision			½
Totnes	Borough Park	2078	Dental (part-time)	4		
	Secondary Modern School	2392	Vision			1
Willand	Bradfield Sp. School		Speech		1	
Woolacombe	Methodist Hall		Minor Ailment		1	
Yealmpton	Chapel Rooms		Minor Ailment			1

The Minor Ailment Sessions include facilities for Diphtheria Immunization as required.

TABLE XV

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF DEVON, 1959

Age Group	*Sex*	*Tuberculosis and other Infectious Diseases* 1—9	*Cancer and other Malignant Diseases* 10—15	*Vascular Lesions of Nervous System* 17	*Heart and Circulatory System* 18—21	*Respiratory (excluding (Tuberculosis)* 22—25	*Stomach and Digestive System* 26—27	*Genito-Urinary* 28—29	*Maternal* 30	*All Others* 16, 31, 32	*Accident Suicide Etc.* 33—36	*Total Deaths*
0—	M	—	—	—	—	6	—	—	—	70	3	79
	F	—	—	—	—	5	1	1	—	43	1	51
1—	M	—	2	—	—	2	—	—	—	2	1	7
	F	1	3	—	—	3	—	—	—	4	3	14
5—	M	—	4	—	—	1	—	—	—	2	5	12
	F	1	4	1	2	3	—	1	—	6	7	25
15—	M	—	1	1	2	2	—	2	—	1	26	35
	F	1	—	1	—	1	—	—	1	2	5	11
25—	M	5	21	2	13	10	—	1	—	12	33	97
	F	2	28	4	4	8	1	2	2	11	5	67
45—	M	14	242	74	277	65	8	7	—	57	60	804
	F	12	219	90	110	35	7	3	—	55	27	558
65—	M	17	236	112	455	110	15	35	—	62	25	1,067
	F	7	191	165	326	75	5	7	—	73	16	865
75—	M	7	213	249	686	144	14	64	—	109	30	1,516
	F	2	240	477	995	178	28	15	—	231	62	2,228
Totals	M	43	719	438	1,433	340	37	109	—	315	183	3,617
	F	26	685	738	1,437	308	42	29	3	425	126	3,819

Table XVI. STATISTICS—COUNTY OF DEVON—1959

Area	Districts	Populations (Est. Mid 1959 Home)	Births Rates per 1,000 Population			Infant Deaths		Tuberculosis and Other Infectious Diseases 1—9	Cancer and Other Malignant Diseases 10—15	Vascular Lesions of Nervous System 17	Heart and Circulatory System 18—21	Respiratory (excluding Tuberculosis) 22—25	Stomach and Digestive System 26—27	Genito-Urinary 28—29	Maternal 30	All Others 16, 31, 32	Accident Suicide Etc. 33—36	Total Deaths		
			No.	Crude Rate	Corr't'd Rate	Under 1 year No.	Under 4 weeks No.											No.	Crude Rate	Corr't'd Rate
1	Exmouth U.D.	18,540	253	13.65	16.38	12	7	—	52	48	132	23	7	5	—	42	12	321	17.31	20.77
	Budleigh Salterton U.D.	3,800	35	9.21	12.62	—	—	3	19	16	26	3	2	2	—	2	2	75	19.74	10.86
	St. Thomas R.D.	34,160	511	14.96	17 95	9	3	4	84	47	176	43	3	8	—	50	31	446	13.06	9.80
2	Honiton M.B.	3,930	55	13.99	16.78	1	1	—	12	27	27	10	—	—	—	6	3	85	21.63	12.33
	Ottery St. Mary U.D.	4,210	57	13.54	14.08	5	4	—	12	15	28	5	—	1	1	11	3	76	18.05	14.44
	Sidmouth U.D.	9,850	94	9.54	12.59	1	1	2	35	23	66	14	—	2	—	17	6	165	16.75	9.55
	Seaton U.D.	3,000	32	6.67	8.40	—	—	—	16	14	27	2	2	—	—	3	4	68	22.67	11.79
	Axminster R.D.	14,080	170	12.07	13.88	1	—	1	32	34	54	20	3	2	—	16	4	166	11.79	9.43
	Honiton R.D.	6,960	117	16 81	18 83	—	—	—	17	11	27	3	2	1	—	6	3	70	10.06	9.46
3	Tiverton M.B.	11,870	207	17.44	17.61	5	3	3	39	39	62	23	—	6	—	14	4	190	16.01	13.33
	Crediton U.D.	4,240	61	14.39	13.81	3	1	1	10	11	25	8	1	—	—	4	4	64	15.09	12.22
	Crediton R.D.	9,860	173	17.55	19.83	1	1	—	22	15	57	9	—	3	—	7	5	118	9.67	8.92
	Tiverton R.D.	20,540	298	14 51	15 82	9	7	4	41	41	78	21	3	1	—	21	17	227	11.05	10.06
4	Barnstaple M.B.	15,520	281	18.11	18.65	6	5	1	36	27	94	22	3	1	—	20	10	214	13.79	11.31
	South Molton M.B.	3,110	48	15.43	16.82	1	—	1	7	3	23	9	1	—	—	7	1	52	16.72	11.70
	Ilfracombe U.D.	8,650	113	13.06	14 89	3	3	1	19	16	67	11	—	3	—	8	5	130	15.03	10.97
	Lynton U.D.	1,700	20	11 76	11.88	—	—	—	5	4	14	2	—	—	—	2	2	29	17.06	12.97
	Barnstaple R.D.	24,730	356	14.39	16.40	4	2	1	54	40	138	25	7	4	—	20	5	294	11.48	9.87
	South Molton R.D.	8,800	116	13.18	15.16	3	3	2	19	17	51	9	2	2	—	9	2	113	12.84	11.94
5	Bideford M.B.	10,460	156	14.91	15.66	5	4	3	24	24	68	15	3	3	—	14	3	157	15 01	11.86
	Gt. Torrington M.B.	2,850	46	16 14	18.24	2	1	—	10	11	19	2	2	1	—	2	3	50	17.55	11.93
	Holsworthy U.D.	1,630	25	15.34	14.73	—	—	—	6	7	8	5	—	1	—	2	—	29	17.79	11.03
	Northam U.D.	6,580	80	12.16	13.38	2	2	1	29	10	53	15	1	3	—	7	6	125	18.91	14.37
	Bideford R.D.	5,210	66	12.67	14.06	1	1	—	9	7	25	4	1	2	—	12	1	61	11.71	10.66
	Torrington R.D.	7,130	119	16.69	19 69	1	1	3	13	8	26	6	—	1	—	7	6	70	9.82	8.84
	Holsworthy R.D.	5,890	111	18 85	21 11	1	1	—	11	3	30	10	1	4	—	6	1	66	11.21	9.75
6	Okehampton M.B.	3,900	58	14.87	15.76	1	1	—	9	11	20	6	2	2	—	10	3	63	16.15	11.31
	Tavistock U.D.	6,190	65	10.51	12.09	—	—	3	12	22	26	6	1	1	—	17	5	93	15 02	9.91
	Broadwoodwidger R.D.	2,020	24	11 88	12.47	1	1	—	4	3	7	2	—	—	—	5	—	21	10.40	12.27
	Okehampton R.D.	12,070	167	13 84	16.33	2	2	—	22	26	69	12	—	5	—	12	8	154	12 76	10.46
	Tavistock R.D.	15,690	253	16.12	19.67	3	3	2	39	47	72	16	2	5	—	22	8	213	13 58	11.81
7	Kingsbridge U.D.	3,110	53	17.04	18.40	—	—	—	12	4	20	3	3	1	—	5	1	49	15.76	13 71
	Salcombe U.D.	2,420	24	9.92	11.90	—	—	—	9	4	13	2	—	—	—	4	—	32	13.23	9.39
	Kingsbridge R.D.	11,720	168	14.33	16 48	3	3	—	21	19	61	17	2	5	1	16	7	149	12.71	10.55
	Plympton St. Mary R.D.	36,300	562	15.48	16.56	7	6	4	78	61	138	34	—	8	—	36	22	381	10.50	10.29
8	Dawlish U.D.	7,180	63	8.77	10.44	2	2	2	26	10	41	9	1	3	—	10	6	108	15 04	11.28
	Newton Abbot U.D.	17,250	251	14.56	14 85	8	6	2	62	55	107	18	1	4	—	37	16	302	17 51	12.78
	Teignmouth U.D.	10,760	116	10.78	12 83	3	2	—	39	27	65	17	—	3	—	19	8	178	16 54	9.43
	Newton Abbot R.D.	25,980	343	13 20	15 31	6	4	4	66	58	125	26	4	7	—	39	16	345	13.28	11.02
9	Torquay M.B.	51,160	534	10 44	11 48	8	8	11	167	152	321	73	7	15	—	52	28	826	16.15	11.47
10	Totnes M.B.	5,530	59	10.67	11.31	2	2	—	17	12	19	5	—	2	—	33	2	90	16 27	11 06
	Ashburton U.D.	2,700	43	15.93	17.20	—	—	—	13	3	21	2	1	1	—	4	2	47	17.41	13 41
	Buckfastleigh U.D.	2,460	29	11.79	13.79	—	—	1	9	5	13	1	—	1	—	4	2	36	14 63	11.27
	Totnes R.D.	14,360	180	12.54	15.05	3	3	5	34	26	69	24	5	5	—	23	10	201	14.00	8.68
11	Dartmouth M.B.	6,220	109	17.52	19.09	3	3	—	17	13	24	11	1	2	—	13	1	82	13.18	11.33
	Brixham U.D.	9,610	132	13.76	14.31	1	—	—	31	27	48	12	2	3	—	15	5	143	14.88	12.80
	Paignton U.D.	27,270	282	10.34	12.82	1	1	4	84	73	190	33	3	8	1	50	16	462	16 44	10.67
	Administrative County	521,200	7,115	13.65	15.42	130	98	69	1,404	1,176	2,870	648	79	137	3	741	309	7,436	14.27	11.13